CORRECTION(S) TO WATER WELL RECORD (WWC-5)

County: Riley

Location listed as:

Section-Township-Range: 18-115-5E 18-115-6E

Fraction (14 14 14): NE SW NE NE SW NE

Other changes: Initial statements:

Changed to:

Comments:

Verification method: Written 4 legal descriptions position on plat map;

other monitoring well records 4 accompanying maps for same location, and mapping tool on KGS webs teinitials: Died date: 6/21/2012

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

		ELL REGORD FO	orm/WWC-5	KSA 82a			<u> </u>
LOCATION OF WATER WELL:	Fraction			ion Number	Township N	lumber	Range Number
County: County	5/ INE 1/4 S	W 14 NE	. 1/4	18_	<u> </u>	S	R 5 (EW
			within city?	•			A
	MICDING	5320					MUNIC
2 WATER WELL OWNER: () S	APMU						
RR#, St. Address, Box # : DE I					Board of A	Agriculture, Divi	ision of Water Resource
City, State, ZIP Code : ET	RILEY KS	66442			Application	n Number:	
B LOCATE WELL'S LOCATION WIT	TH 4 DEPTH OF COMP	LETED WELL					
AN "X" IN SECTION BOX:	Depth(s) Groundwate	r Encountered 1.1.	<u>.</u>	ft. :	2	. , , ft. 3	
A I I							
	Pump tes	t data: Well water v	was	ft. a	ıfter	. hours pump	oing gpn
W car cas las cas NE car cas	Est. Yield	gpm: Well water v	was ، ا	ft. a	ıfter	. hours pump	oing gpn
							o
	WELL WATER TO B	E USED AS: 5	Public water	supply	8 Air conditioning	g 11 Inje	ection well
	1 Domestic		Oil field water				her (Specify below)
SW and an and SE and an	2 Irrigation	4 Industrial 7	Lawn and ga	arden only 🤇	10 Monitoring we	P	
	Was a chemical/bacte	riological sample sul	omitted to De	partment? Y	esNo	,; If yes, m	o/day/yr sample was su
S S	mitted			Wa	ater Well Disinfect	ed? Yes	No /
5 TYPE OF BLANK CASING USED	D: 5 \	Vrought iron	8 Concre	te tile	CASING JC	DINTS: Glued .	Clamped
1 Steel 3 RMP		Asbestos-Cement	9 Other (specify below	w)	Welded	
(2 PVC) 4 ABS	• •	Fiberglass		. , , , , , , , , , , , , , , , , , , ,			ed
Blank casing diameter	in. to 20	ft Dia	in. to		ft., Dia	in.	to fi
Casing height above land surface							
TYPE OF SCREEN OR PERFORAT		Ü	7 PV	A STATE OF THE PARTY OF THE PAR		bestos-cement	
		Fiberglass		P (SR)	11 Ot	her (specify)	
		Concrete tile	9 ABS		12 No	one used (open	hole)
SCREEN OR PERFORATION OPE	NINGS ARE	5 Gauzed	wrapped		8 Saw cut	1	1 None (open hole)
1 Continuous slot	Mill slot	6 Wire wr	apped		9 Drilled holes		
	Key punched	7 Torch c	ut U L		10 Other (speci-	fy)	
SCREEN-PERFORATED INTERVAL		. <i>O</i> ft. to	70	ft., Frc	om	ft. to.	
	From						
GRAVEL PACK INTERVA	LS: From20	9 ft. to	10	ft., Fro	om	ft. to.	
	From	tt. to		ft., Fro	om	ft. to	f
6 GROUT MATERIAL: 1 Ne	eat cement 2 C	ement grout	3 Bento	nite 4	Other		
Grout Intervals: From	1. to	ft., From	ft !	to	ft., From .		ft. to
What is the nearest source of possi	ble contamination:			10 Lives	stock pens	14 Aba	indoned water well
1 Septic tank 4 Li	ateral-lines —————	7_Pit_privy		11 Fuel	_storage	15_Oil_	well/Gas_well
2 Sewer lines 5 Cess pool		8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)	
3 Watertight sewer lines 6 S		9 Feedyard		13 Inse	cticide storage		
Direction from well?	WITHIN	STIE	•	How ma	any feet?	1 TITU	STE TERVALS
FROM TO	LITHOLOGIC LOG	ì	FROM	TO		LUGGING INT	ERVALS
O TO SIL	TY CIAY	4 SHACE					
							A MARIE DE
		was to the second secon					
						400 100	
							,
	The second desired Hall Select Assessment Act ACT MINOR THE	Manager and the second					
	AAAAAAAA CAARA CAARAA AAAAAAAAAAAAAAAAA						- Adabat V
						The second secon	
		100 - FREY LA V.					
			4				P. 1755
7 CONTRACTOR'S OR LANDOW	NER'S CERTIFICATION:	This water well was	(1) Jonstru	cted, (2) rec	constructed, or (3)	plugged unde	r my jurisdiction and w
completed on (mo/day/year)	21595) 		and this rec	ord is true to the b	pest of my know	yledge and belief. Kans
Water Well Contractor's License No		This Water We				2/15	9.5
under the business name of	LAYNE INC			by (sign	(1)		1,019
INSTRUCTIONS: Use typewriter or ball to	point pen PLEASE PRESS FIRML	Y and PRINT clearly. Pleas	se fill in blanks,	underline or circ	cle the correct answers	Send top three co	pies to Kansas Department
of Health and Environment, Bureau of V	Vater, Topeka, Kansas 66620-000	01. Telephone: 913-296-55	45. Send one to	WATER WELL	OWNER and retain dog	for your records.	