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

(to rectify lacking or incorrect information)

Location listed as:	County: Douglas Location changed to:
Section-Township-Range: 3/- /2 5-20 E	31-125-20E
Fraction (1/4 1/4 1/4):	N2 SE NW
Other changes: Initial statements:	
Changed to:	
Comments:	
Comments.	
verification method: Wellsite address,	city street map, and
verification method: Wellsite address, mapping tool on KG= webs	ite.
	initials: date:

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.

		1444	TED WELL BES		F	WWG 5	VCA C	0- 4040 - 17	MW6			
1 LOCATI	ON OF W	ATER WELL:	TER WELL REC	OHD	Form V	VVVC-5		2a-1212 ID tion Numbe		wnship Nun		Range Number
County:	-	1	NE 1/4	SE	1/4	VVV_y	ے ا	3/	Т	12	s	R 20 0 W
Distance a	nd direction		own or city street	address	s of well	if located w	ithin cit	ty?				
900	, , ,	whampsi	hire	Lai	wre	nce	1	ansa	5			
2 WATER	WELL OW		f Schma									
RR#, St. A		x# :/020	7 Newho	emp	shi					-		Division of Water Resource
City, State,			rence		rsas	66	000	14		plication Nu		
		OCATION WITH										
AN "X" I	IN SECTIO	N BOX:	Depth(s) Ground	water E	ncounter	13.87	ft bolo	TT wyland curfa	t. 2 co moasur	ed on mo/ds	π. 3 w/w	.16/23/02 ft.
<u> </u>	!	!				-						pumping gpr
	- NW	NE		•								pumping gpr
	X	1										in. to ft.
₩ W		E	WELL WATER						8 Air cond			njection well
7	!		1 Domestic	3 Fe	edlot	6 Oil fie	ld water	r supply	9 Dewate	ering	12 (Other (Specify below)
	- sw -	SE	2 Irrigation	4 Inc	dustrial	7 Domes	stic (law	n & garden) (Monitor	ing well		
			Was a chemical/h	acteriolo	nical sam	ole submitte	d to De	nartment? Ye	95 6	MDX.	If ves r	no/day/yrs sample was su
<u> </u>	S		mitted	actorioro	giodi sairi	pic subirince	a 10 De	•		sinfected?	•	no/day/y/o sample was su
5 TYPE C	F BLANK	CASING USED:		5 Wroug	ght iron	8	Concre	ete tile	CA	SING JOIN	TS: Glu	ed Clamped
1 Stee		3 RMP (SI	• • •		stos-Cem			(specify bel	,			ded
⊗ PVC		4 ABS	4 <	.7 Fiber	glass			• • • • • • • • • • • • • • • • • • • •			Thre	added
Blank cas	ing diamete	er <i>f.U. 2</i> . 0. 6	in. to		.ft., Dia .		in	. to		t., Dia	· · · · · · ·	in. to
Casing he	eight above	land surface.	.o.シir	n., weigh	nt	D.c.B.		lbs	s./ft. Wall tl	hickness or	gauge N	105.99.90
			TION MATERIAL:	5 515 - · ·	-1	•		_		10 Asbes		
1 Stee 2 Bras		3 Stainless 4 Galvaniz		5 Fiber6 Concr	•		9 AB	IP (SR) S		11 Other 12 None) pen hole)
		ORATION OPE		0 001101		Gauzed w			8 Saw		4004 (0	11 None (open hole)
	tinuous slo	A-				Wire wrapp				ed holes		Tritono (opon noio)
2 Lou	vered shutt	ter 4 K	ey punched			Torch cut						
SCREEN	-PERFORA	ATED INTERVAL		·.>		to ! !!	: .>	ft., Fro	m		ft. f	tof
	CDAVEL E	DACK INTERVAL	From									to
	GHAVEL	ACK INTERVAL										to
6 GROUT	MATERIA	L: 1 Neat c			nt grout		Bentor					
												ft. to
I		-	ole contamination		,				stock pen			Abandoned water well
I	tic tank	4 Later			7 Pit	privy			l storage		15 C	Oil well/Gas well
l .	er lines	5 Cess	pool			wage lagoo	n		ilizer stora	ige	00	Other (specify below)
3 Wat	ertight sew	er lines 6 Seep	age pit		9 Fe	edyard			cticide sto	-		UST SITE
Direction	from well?							How m	any feet?			
FROM	то	ı	LITHOLOGIC LC	G		FI	ROM	ТО		PLUG	GING II	NTERVALS
Ö	0.5	bravel										
0.5'	1.5'	Clay, or	ray, SIH	4.0	lenso	ر ر						
		dry. 1	17CL)/CL	<u> </u>								
1.5'	3'	Clay, r	ed brown,		se, d	ny.						
	1001	Sugat 0	dor. 1c	L (T	100)							
31	155'	Clay,	red brown	1, 51	Ity,							
		Slig Ktly	Sandy.	ay.	very,	1 - 1						
AVICO	,	dense		STICE	ry.	100						
@15.5		LIMESTO	ne									

7 CONTR	ACTOR'S	OR LANDOWNE	R'S CERTIFICAT	ION: Thi	is water v	vell was (1)) constr	ucted, (2) re	constructe	d, or (3) plu	gged ur	nder my jurisdiction and wa
completed			22/02									nowledge and belief. Kansa
		r's Licence No	5.7.4		This Wat	ter Well Re	cord wa	as completed	on (mo/d	ay/yr)	111/	,
under the t	ousiness na	ame of	wo breat	Plai	us I	nc		by (signature)	Day!	7 (m	sou-
INSTRUCT	TIONS: Use tvp			 		-	anks, unde	erline or circle the	correct answer	ers. Send top thr	ee copies t	to Kansas Department of Health and
l .			6620-0001. Telephone									