## CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information)

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

		WA	TER WELL RI	ECORD	Form WWC	-5 KSA	82a-1212 ID	No.	1	·
1 1		TER WELL:	Fraction				ection Number		Number	Range Number
	Doug		NE		1/4 N	W 1/4	31	Т /	<u>2 s</u>	R 20 EW
Distance a		n from nearest t	,	,		_	<i>'</i>	_		
90	O Ne	whamp	shire	19	wrenc	e H	ansas			
2 WATER	R WELL OW	NER: Jef	f Schma	1/ber	7.					
RR#, St. /	Address, Bo	x# : /02	7 Newh	amps	hine				•	Division of Water Resource
City, State	e, ZIP Code	: Lau	orence	Kan	sas e	6604	4	• • • • •	on Number:	<b>.</b>
3 LOCATI	E WELL'S LO	OCATION WITH	4 DEPTH OF	COMPLE	TED WELL	16	ft. ELEVA	ATION: &	43,50	<del>/-</del>
AN "X"	IN SECTIO	N BOX:	Depth(s) Grou	ındwater E	ncountered		<b>ქ</b> ft.	2	ft. 3	
	- N									10:23:02
T	<u>i</u> .	i		•						pumping gpm
	-NW	NE								pumping gpm
0	/-		Bore Hole Dia	meter2	31. 7.3. in.	to				. in. to ft.
∰ w	<del>-  </del>	E	WELL WATER					8 Air conditioning	•	njection well
l i	i	i	1 Domesti				er supply	•		Other (Specify below)
-	- SW  -	SE	2 Irrigation	4 Inc	dustrial 7	Domestic (la	wn & garden) 🗷	Monitoring we	ell	
			Was a chemica	al/bacteriolo	gical sample s	ubmitted to D	epartment? Yes	s <b>@</b>	人; If yes,	mo/day/yrs sample was sub
	S		mitted					r Well Disinfect		X
5 TYPE (	OF BLANK	CASING USED:		5 Wrou	ght iron	8 Cond	rete tile	CASING	JOINTS: Glu	ed Clamped
1 Ste	el	3 RMP (S	R)	6 Asbes	stos-Cement		r (specify belo	,		ded
ØPV		4 ABS		7 Fiber	•					aded PUC.
										in. to
Casing h	eight above	land surface	4.3.2	. in., weigh	t <i>O,</i>	. <b>8</b>		./ft. Wall thickne	ss or gauge	No. 54440
1		OR PERFORAT				<b>₽</b>			Asbestos-cer	
1 Ste	el	3 Stainles	s steel	5 Fiber	glass	8 R	MP (SR)		Other (specify	
2 Bra	ISS	4 Galvani:	zed steel	6 Conci	ete tile	9 A	BS	12	None used (d	pen hole)
		ORATION OPE				zed wrappe	d	8 Saw cut		11 None (open hole)
l	ntinuous slot		lill slot			wrapped		9 Drilled ho		4
1	vered shutt		ey punched	6		h cut			• •	
SCREEN	N-PERFORA	TED INTERVA								to
	GRAVEL E	PACK INTERVA	IS From	4	ft to	16	ft. From	n	ft.	to
	GID IVEL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								to ft
6 GBOU	T MATERIA	L: 1 Neat c	ement	2 Ceme	nt grout	3 Bent	onite 4	Other		
				. /	•					ft. to
I		source of possi		-	.,			stock pens		Abandoned water well
1	otic tank	•	ral lines	•	7 Pit privy	,	11 Fuel	•		Oil well/Gas well
	ver lines	5 Cess			8 Sewage			lizer storage		Other (specify below)
		er lines 6 Seep	•	9 Feedyard		13 Insecticide storage		LUST SITE		
	from well?	or 111100 0 000p	ago pit		o . ccaya		How ma	•		
FROM	TO	1	LITHOLOGIC	106		FROM	TO		PLUGGING I	NTERVALS
0'	17,	11- 6	1000000	<u> </u>	da	1110111	+		<u> </u>	- TOTAL CO
,,	121	Clay, D	14CK 3111	y, ac	nos, an	<b>}</b> ,	-			
	13'	cray	i lea bro	wn,	201	-	-			
		Sparze	green-g	ray,	nottell	ing	+			
13'	16	Clare.	ary -	1720	766		1			
12	16	cay, c	jectow,	brow	nsper	<u> </u>	<del></del>			
	<del> </del>	SITTY, N	parse	pan	100000					
		acros	ary,	$\rho = 1$	IASTICIT	1				
0	111	moderal	e over	GIL	<i>y/c</i>	<del>/</del>				
	16'	Limest	me				-			
							+			
							+			
						-				
									(2)	
[7] CONTE	RACTOR'S	OR LANDOWNE	R'S CERTIFICA	ATION: Thi						nder my jurisdiction and was
		//year) . <i>[.0/2</i>							best of my k	nowledge and belief. Kansas
1		r's Licence No	2.9.4		This Water W	ell Record v	•	on (mo/day/yr)		· · · · · · · · · · · · · · · · · · ·
under the	business na	me of	aco lones	+Pla	ins In	•	by (s	ignature)	usi K	maan
INSTRUC	TIONS: Use typ	ewriter or ball point pe	n. PLEASE PRESS I	FIRMLY and PI	RINT clearly. Pleas	e fill in blanks, ur	derline or circle the	correct answers. Sen	d top three copies	to Kansas Department of Health and
INSTRUC	110140. 030 140							for your records. Fee		