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

(to rectify lacking or incorrect information)

Location listed as:	County: <u>Leaven worth</u> Location changed to:
Section-Township-Range: 7-125-20F	1-125-20E NE SW SE
Fraction (1/4 1/4 1/4):	NE SW SE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Written & legal description	ns; position on plat map;
similar deptha, static water level,	
in this section at about the same	

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.

.1				WELL RECORE) Form W		KSA 82a-					
			raction	SW .	SE		Number	1	Number	Range Number		
County:		enworth	NE 1/4	1/4			kx 7	Т	12 s	R 20 (E/W		
Distance a		from nearest town or o			cated within	city?						
		iles SW of Ton	ganoxie,	Kansas								
2 WATER	R WELL OW	(NER: C)	hris Summ	ners								
RR#, St. A	Address, Bo	x # :						Board	of Agriculture, [Division of Water Resourc		
City, State,	ZIP Code								ation Number:			
LOCATE	WELL'S L	OCATION WITH 4 DE	PTH OF COM	MPLETED WELI	L16	4 ft	. ELEVA	TION:				
→ AN "X"	IN SECTION	N BOX: Depth	n(s) Groundwa	ter Encountered	1 ha 123		ft. 2		ft. 3	7-26-89		
т Г	1	WELL	S STATIC W	ATER LEVEL .	90	ft. below	land surf	face measured	on mo/dav/vr	7-26-89		
i i	1									mping gpr		
-	- NW	NE Fet V								mping gpr		
<u> </u>	!									to		
_	_ i	i I I		BE USED AS:			rater supply 8 Air conditioning 11 Injection well					
I -	- SW	SE						oply 9 Dewatering 12 Other (Specify below)				
	i i		Irrigation					nly 10 Observation well nt? YesNo				
Į L	t			cteriological sam	nple submitted	to Depar						
-		mitted							ected? Yes	XX No		
5 TYPE C	F BLANK (CASING USED:	5	Wrought iron	8 (Concrete ti	ile	CASING	JOINTS: Glued			
1 Ste	eel	3 RMP (SR)	6	Asbestos-Cem	nent 9 0	Other (spe	cify below	<i>(</i>)	Welde	ed		
2 PV		4 ABS		' Fiberglass						ided		
Blank casir	ng diameter	5 in. to	164	ft., Dia		in. to		ft., Dia		in. to f		
Casing hei	ght above la	and surface	.18 in	., weight		84	lbs./f	ft. Wall thickne	ess or gauge No	265		
TYPE OF	SCREEN O	R PERFORATION MAT	TERIAL:			7 PVC			Asbestos-ceme			
1 Ste	eel	3 Stainless steel	5	Fiberglass		8 RMP (S	R)	11	Other (specify)			
2 Bra	ass	4 Galvanized ste		Concrete tile		9 ABS	,		None used (op			
,		RATION OPENINGS AF			Gauzed wrapp			8 Saw cut	٠.	11 None (open hole)		
	ntinuous slo				Vire wrapped			9 Drilled hol		Trans (open nois)		
	uvered shut				Forch cut							
		, ,	14	. <u>'</u> '.'	to Cir Cut	164	4 F	TO Other (sp		o		
SCHEEN-F	PERFORAT											
_		Fr	om	Φ 20	to	64	ft., Fron	n		o		
G	RAVEL PA											
			om					n		<u>f</u>		
		.: 1 Neat cement										
Grout Inter	vals: Fro	m 3 ft. to	20	ft., From		. ft. to		ft., Fron		ft. to		
What is the	e nearest so	ource of possible contar	mination:				10 Livest	tock pens	14 AI	bandoned water well		
1 Se	ptic tank	4 Lateral lines	s	7 Pit privy	У		11 Fuel s	storage	15 O	il well/Gas well		
2 Se	wer lines	5 Cess pool		8 Sewage	e lagoon		12 Fertilia	zer storage	16 O	ther (specify below)		
3 Wa	atertight sev	er lines 6 Seepage pi	it	9 Feedya	rd		13 Insect	ticide storage				
Direction fi	rom well?	300k	M k wes	t			How mar	ny feet?	125 ft.			
FROM	TO		HOLOGIC LC)G	FRO	M	то		LITHOLOG	IC LOG		
0	1	Top Soil										
1	20	Sandy Clay										
20	30	Blue Shale										
30	32	Lime										
32	90	Sandy Blue S	hale									
90	164	Sandstone -										
90	104	Salida Colle -	GLAY									
		A 1/47										
				- M								
			· · · · · · · · · · · · · · · · · · ·									
							-					
7 00:	MOTORIO	OD I ANDOMATERIO OT		d. This waster	all was (4)	material i	(O)	material - ·	(a) plugged	or one invitable and		
_		-					•			er my jurisdiction and wa		
		,, , , , , , , , , , , , , , , , , , , ,	7-27-89						-	owledge and belief. Kansa		
Water Well	I Contractor	's License No	174	This Wat	ter Well Reco	rd was co	mpleted o	on (mo/day/yr		7-27-89		
	business na			BREUER, IN			by (signat			W Brewe		
INSTRUCT	TIONS: Use	typewriter or ball point p	en, <i>PLEASE</i>	PRESS FIRML	Y and PRINT	clearly. Pl	ease fill in	blacks, under	line or circle the	correct answers. Send to		
three copie	es to Kansas	Department of Health at	nd Environmer	nt, Division of En	ivironment, Er	vironmen	al Geolog	y Section, Top	ека, КS 66620.	Send one to WATER WEL		
OWNEH a	ino retain of	ne for your records.										