County: Leavenworth Fraction SESW NW SW Sec.	27 <u>1 12 s r 20 E</u> W
CORRECTION(S) TO WATER WELL COMPLETION (to rectify lacking or incorrect information)  Owner: John Voge/ Toust	, ,
	on changed to:
Section-Township-Range: Wone Given	27-125-20E
Fraction (1/4 1/4 1/4):	SE SW NW SW
Other changes: Initial statements: Douglas County	
Changed to: Leaven worth Cour	nty
Comments:	
Verification method: Latitude & Longitude, KGS'	LEO" conversion tool,
Leavenworth County online parcel search,	and mapping tool 4
Verification method: Latitude & Longitude, KGS';  Leavenworth County online parcel search,  aerial photos on KGS website.	initials: OR date: 6/11/2014
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite	., Lawrence, NS 00047-3720

WATER	R WEL	L RECORD	Form W	VWC-5		Division of Water	r Resources App. No			
		OF WATER WELL:	Fraction		Se	ection Number	Township No.	Range Number		
Count	ty: Do	uglas	1/4 1/4	1/4 1/			T S	R □E □	]W	
		ddress of Well Location; i		& direction	Gle	obal Positioning	System (GPS) int	formation:		
from	from nearest town or intersection: If at owner's address, check here .				La	Latitude: .38.97591 (in decimal degrees)				
					Lo	ongitude: 095.18	3456	(in decimal degre	ees)	
					El	evation: .9.1.1	· <u></u>	• • • •	l	
2 WATER WELL OWNER: John Vogel Trust					Datum: WGS 84, NAD 83, NAD 27					
John Voger Hust				Collection Method:  ☐ GPS unit (Make/Model: Garmin 60CSX)						
C'ty Cotty 7ID C 1				Digital Map/Photo, Topographic Map, Land Survey						
City, State, ZIP Code : Lawrence, Kansas 66044					Es	Est. Accuracy:				
3 LOCA	ATE WEI	L	**************************************							
	I AN "X"		COMPLETED WEI							
SECT	ION BOX	C: Depth(s) Ground	lwater Encountered	<sub>1</sub> (1).38		ft. (2)	ft. (3	3)	ft.	
·	N	WELL'S STAT	IC WATER LEVEL.	.101	t. belo	ow land surface n	neasured on mo/da	ıy/yr12/.19/13		
		Pump	test data: Well wat	ter was. 4.l		ft. after	hours pump	oing. buu gj	pm	
	/   NE	EST. YIELD. 80	50gpm. Well wat	er was		ft. after	hours pump	oing gr	m	
w L			eter 36in. to TO BE USED AS:					n. njection well		
		Domestic	Feedlot						(ver	
SW	7   SE		☐ Industrial ☐							
	Was a chemical/bacteriological sample submitted to Department? ☐ Yes ✓ No  If yes, mo/day/yr sample was submitted									
	1 mile		fected?  Yes							
5 TVDE	OFCA	SING USED:  Stee								
		S: $\square$ Glued $\square$ Clar	nned DWelded				••••			
Casino	o diamete	er .16 in. to .62	ft Diameter	in	to	ft D	iameter	in to	ft	
Casing	g height a	bove land surface12	in Weioł	nt	ı. to İh	s /ft Wall thic	kness or gange No	SDR26	. 11.	
TYPE	OF SCRE	EN OR PERFORATION	MATERIAL:				Kiless of Budge 110	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····	
	Steel	Stainless Steel	<b>✓</b> PVC	[	Oth	er (Specify)		**********		
_	Brass		None used (open	hole)	_					
		RFORATION OPENING		-	_					
				Torch cut		Drilled holes	None (open hole	e)		
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)										
From										
	GRAVE	EL PACK INTERVALS:	From 20'	ft to 62		ft From		to	ft.	
	0.0		From							
6 GRO	UT MAT	TERIAL: Neat ceme	ent 🔽 Cement grou	ut 🗌 Bent	onite	Other				
		From .0 ft. to		m	. ft. to	o ft.,	From	. ft. to	ft.	
What is	the neare	st source of possible conta	amination:							
	Septic tan		nes 🔲 Pit privy	Livestock		Insecticide		er (specify below)		
	Sewer lin		Sewage lagoon			Abandoned				
	_	u north "" ' '	oit	Fertilizer			is well			
FROM	TO	LITHOLOG		FROM	TC		OG (cont.) or PLU			
0'	5'	Top Soil and Fine Sand		50'	55'		k to Large Rock	OURIO RAIEKVA	ILIO	
5'	10'	Fine Sand and Clay	<u> </u>	55'	62'	Large Roc		·		
10'	15'	Fine Sand - Medium Sa	and	100	02	=argo roo	K to onate			
15'	20'	Fine Sand - Medium S			<b></b>					
20'	25'	Fine Sand - Medium Sand - Medi								
25'	30'	Fine Sand - Medium S								
30'	35'	Medium Sand to Small Rock								
35'	40'	Medium Sand to Small								
40'	45'	Medium Sand to Small								
	45' 50' Small Rock to Large Rock									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \( \bigsize \) constructed, \( \substact \) reconstructed, or \( \substact \) plugged										
under m	y jurisdic	etion and was completed of	on (mo/dav/vear) 12/	16/13	and th	is record is true t	to the best of my b	nowledge and heli	ou ief	
under my jurisdiction and was completed on (mo/day/year) .12/16/13										
under the business name of .Alexander Pump & Services, Inc. by (signature)										
INSTRUC	CTIONS:	Use typewriter or ball point per	n. <i>PLEASE PRESS FIRM</i>	LY and PRINT	clearly.	Please fill in blanks	and check the correct	answers. Send one cou	py to	
Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.										
reiepnoi	Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .									
L			nup://www.kdheks.g	ov/waterwell/in	aex.htm	11				

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