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

(to rectify lacking or incorrect information)

Location listed as:	Location changed to:
Section-Township-Range:	5-125-22E
Fraction (¼ ¼ ¼):	SE SE NE
Other changes: Initial statements: Wyandotte Cou	nty
Changed to: Leavenworth Cou	nty
Comments:	
verification method: Written & legal de: Eudora & Bonner Springs 1:2	scriptions, and
Eudora & Bonner Springs 1:20	4,000 topo. maps initials: DRL date: 10/7/2005

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.

4.			R WELL RECORD	Form WWC-5	KSA 82	a-1212		
	WATER WELL:		0= 1		tion Number	'		
County: WyG		wn or city street a		= 1/4 ed within city?	5	T 12 :	s R 22 E/9	
Distance and direction from nearest town or city street address of well if located within city? His work East of Lin wood								
2 WATER WEL	LOWNER: Jun	TIILV						
RR#, St. Address	s, Box # : RT1	Box				Board of Agricul	ture, Division of Water Resources	
City, State, ZIP C	code : Way	re, 6 Klah	<i>ома 73095</i>			Application Num		
3 LOCATE WELI AN "X" IN SEC	L'S LOCATION WITH CTION BOX: N	· •• · · · · • · •	O		,		. ft. 3	
1							lay/yr 4-2-95	
	-X - NS						urs pumping gpm	
	1,7,7						ırs pumping gpm	
Mile A	E					and	in. toft.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			O BE USED AS:	5 Public water		8 Air conditioning		
sw	SE	1 Domestic				_	12 Other (Specify below)	
		2 Irrigation	4 Industrial				16	
<u> </u>		mitted	bacteriological sample	submitted to D	-	es; ater Well Disinfected? Y	If yes, mo/day/yr sample was sub- es No	
5 TYPE OF BLA	NK CASING USED:	Timaco	5 Wrought iron	8 Concr			Glued Clamped	
1 Steel	3 RMP (S	R)	6 Asbestos-Cement		(specify belo		Welded	
(2 PVC)	4 ABS	•	7 Fiberglass			•	Threaded	
							in. to ft.	
Casing height about	ove land surface	18	.in., weight	· · · · · · · · · · · <u>· · ·</u>	ibs.	ft. Wall thickness or gau	uge No. SPR.Z.6	
TYPE OF SCREE	EN OR PERFORATIO	N MATERIAL:		PV	9)	10 Asbestos	-cement	
1 Steel	3 Stainles		5 Fiberglass		MP (SR)		ecify)	
2 Brass	4 Galvaniz		6 Concrete tile	9 AB	S	-	ed (open hole)	
	RFORATION OPENIN			red wrapped		8 Saw cut	11 None (open hole)	
1 Continuo		fill slot		wrapped		9 Drilled holes		
2 Louvered	shutter 4 K RATED INTERVALS:	ey punched	7 Torch		4 F	10 Other (specify)	. ft. toft.	
OOMEEN EN	TIATED INTERVALS.						. ft. to	
GRAVE	L PACK INTERVALS:						ft. to	
	_	_		•		m		
6 GROUT MATE	RIAL: 1 Neat	cement	2 Cement grout	3 Bento	nite 4	Other		
Grout Intervals:	From4	.ft. to 30	ft., From	ft.	to	ft., From	ft. to ft.	
_	est source of possible						14 Abandoned water well	
1 Septic tan			7 Pit privy			storage	1	
2 Sewer line		•	8 Sewage lag	joon		lizer storage	16 Other (specify below)	
	t sewer lines 6 Seep	page pit	9 Feedyard				ng Neurby	
Direction from we		LITHOLOGIC	LOG	FROM	TO How ma	iny feet?	ING INTERVALS	
0 1	Surface			1				
1 41	Cluy	-						
41 42	Limeston	e						
42 48		ne Brown						
48 49	Limeston							
49 43		ne Brown						
93 98 93 99	Limeston							
99 101	Sandston					, ,		
101 119	Limeston							
119 124	Shule	- WWW						
124 132	Limeston	<u> </u>						
132 150		Black						
	7							
7 CONTRACTOR	R'S OR LANDOWNER	R'S CERTIFICATION	ON: This water well w	ras (1) constru	cted2(2) reco	onstructed or (3) plugger	d under my jurisdiction and was	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)								
Water Well Contractor's License No. 2.70								
under the busines	s name of FEY	oung OHIL	ng Co		by (signa	· '// \ \ . /	how	
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								