County: Johnson Fraction SESESESE	Sec. 4 T /2 S R 23 (E)W							
Owner: CORRECTION(S) TO WATER WELL COMPL (to rectify lacking or incorrect in Location was listed as:	ETION RECORD (WWC-5) formation)							
	Location changed to:							
Section-Township-Range: 4-125-23 £	4-125-23E							
Fraction (1/4 1/4 1/4):	SE SE SE SE							
Other changes: Initial statements: Shawhee County								
Changed to: John son County								
Comments:								
Verification method: Latitude & longitude, Ko wellsite address and area road # aerial photos on Kos website Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constite: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson	initials: A date: 1/4/20/3							
	on the control of the							

WATER	WELL	RECORD	Forn	n WWC-	5 Di			urces; App. No.											
1 LOCA	TION OF	WATER WELL:	Fraction	NE ¼	SE 4	Section N	Number	Township Numl	ber Range Number R 23 E										
Distance a	nd directio	n from nearest town	or city stree	et address o	f well if	Global Po	sitioning	System (decimal	S R 23 E degrees, min. of 4 digits)										
located within city? 23206 W 55th Street, Shawnee, KS Latitude: 39.02995° Longitude: 94.85377°																			
2 WATE	R WELL	OWNER: JW Pr	operty, LL	$\overline{\mathbf{C}}$		Elevation	n: RIM	:861.27; TOC: 86	0.99										
RR#, S	t. Address,	Box # : 6333 L	ong, Suite 3	01		Datum:	NAV												
City, S	tate, ZIP C	ode : Shawn	ee, KS 6621	6	10.51	., <u></u>		NA ft.											
E .		L'S 4 DEPTH O	COMPLE	TED WE	PT 18:21	MW7		11.											
LOCA		N Denth(s) Grou	ndwater Enc	countered 1		NA	ft. 2	ft.	. 3 ft.										
WITH AN "X" IN SECTION BOX: N Depth(s) Groundwater Encountered 1 NA ft. 2 ft. 3 ft. 3 ft. 3 MELL'S STATIC WATER LEVEL Dry ft. below land surface measured on mo/day/yr Normalized by the state of the stat																			
											/	- WELL WATE	R TO RE L	SED AS:	5. Public v	ater supp.	IV & A.I	r conditioning 1	I Injection wen
										w	 ,	E 1 Domestic 3 2 Irrigation 4	Feed lot	7 Domesti	water sup	piy garden)	(i) Mor	itoring well	Other (Specify below)
!	1 1		muusurar	/ Domeso	c (lawii c	gardon	(O)MOI	mtoring () on											
Sw	/ SE -	Was a shaming	al/bacteriolo	gical samp	le submitt	ed to Depa	artment?	Yes No 2	X; If yes, mo/day/yrs										
<u> </u>	S	Sample was su	bmitted				Water V	Vell Disinfected?	Yes No X										
5 TYPE	OF CASI	ALC: YICKUM	Whomaht I		Q Conci	ate tile	$C\Delta S$	ING IOINTS: G	hied Clambed I										
1 Ste	el	3 RMP (SR) 6	Asbestos-C	Cement	9 Other	(specify b	pelow)	W	/elded										
(2) PV	'C	4 ABS 7	Fiberglass					T)	hreaded X										
Blank casi	ing diamet	er 2 in. to	3.51	ft., Dia		in. to	Tt.	., Dia	/elded hreaded X in. to ft. uge No.										
Casing hei	ght below-	land surface 0.2 OR PERFORATIO	Z8 II., V NINATERI	veignt			S./11. W	in unickliess of ga	age 110.										
1 Ste	el 3 Sta	inless steel 5 Fi	berglass	(7) PVC	9	ABS		11 Other (spec	cify)										
2 Br	ass 4 Ga	Ivanized steel 6 C	oncrete tile	8 RM (S	R) 10	Asbestos-	Cement	12 None used	cify) (open hole)										
2 Lo	uvered shu	itter 4 Key punch	ed 6 Win	re wrapped	8 Sav	v Cut	10 Oth	er (specify)	None (open hole)										
SCREEN-	-PERFOR	ATED INTERVALS	T	2 51	44 to	10 61	177 H	ram	11 10 111										
			From -		It. to	10 00	п. г. а в	rom	ft. to ft. ft. ft. ft. ft. ft. ft.										
GR	AVEL PA	CK INTERVALS:	From -		ft to	10.00	ft. F	rom	ft. toft.										
(CD OT	Yes 3 E 4 P833	IDILI I DI	110III _	amont arous	t (2) Res	tonite	(1)Othe	r Concrete: 0-1	ft										
6 GROU	JT MATE	From 1 ft to	ment 2 Ct	t From	2 f	t. to	ft	From	ft. to ft.										
What is th	ne nearest s	source of possible co	ontamination	1:	-														
	tic tank	4 Lateral l	ines 7 Pit p	rivy	10 Lives	tock pens		secticide Storage	16 Other (specify										
	ver lines	5 Cess po		age lagoon	(11) Fuel	storage		oandoned water w l well/ gas well											
	tertight sev from well'	wer lines 6 Seepage	pit 9 Feec	iyara		ny feet?		i well/ gas well											
			LOCICIO	G	FRO		T		INTERVALS										
FROM 0	TO 0.8	Concrete	LOGIC LO	<u>U</u>	I'NU.	10		12000110											
0.8	10	Brown silty clay																	
10	15	Brown sandy clay	, medium g	rained															
15	18.80	Limestone																	
-			·····				Flush	mount waiver fi	rom BOW										
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) 7/25/13 and this record is true to the best of my knowledge and belief																			
under my j	urisdiction	and was completed on ontractor's License No	(mo/day/yea	r) 7	7/25/13 Water Well	and the Record was	is domble	ad on (mo/day/year	r) 8/5/13										
Junder the b	nusiness nar	ne of Larsen & As	sociates. In	c.	by (Sig	iature)													
INSTRUC	ΓΙΟΝS: Plea	ase fill in blanks or circle	the correct ans	wers. Send to	op three copi	es to Kansas	Departing	of Health and Envir	ronment, Bureau of Water,										
Geology Se	INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send the to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.																		