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

(to rectify lacking or incorrect information)

County: John Son

Location listed as:	Location changed to:
Section-Township-Range: 20-125-24E	20-125-24E
Fraction ( 1/4 1/4 1/4): SW NW NE	
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Latitude & longitude li  KGS "LEO" conversion tool, and	sted on attached site map,
on the website	initials: DRL date: 10/15/2008

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.

WATER WELL RECORD MW - Form WWC-5	Division of Water Resources; App. No.	
1 LOCATION OF WATER WELL: Fraction	Section Number Township Number Range Number	
Distance and direction from nearest town or city street address of well		
located within city?	Latitude:	is)
	Longitude	
2 WATER WELL OWNER: Mc ANANY CONSTITUTION RR#, St. Address, Box # : 15320 Midland DO	Elevation:	
RR#, St. Address, Box # : 15 320 Midland DO	Datum:	
City, State, ZIP Code: Shawner, K566217-	Data Collection Method:	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL	<b>)</b> .5	
LOCATION WITH AN "X" IN Depth(s) Groundwater Encountered (1)	ft. (2) ft. (3)	<del>}</del>
SECTION BOX: WELL'S STATIC WATER LEVEL	ft. below land surface measured on mo/day/yr	
	ft. after hours pumping gpi	
1 1 ' 1 2' 1 1	ft. after hours pumping gp	m
[NW]NE	water supply  8 Air conditioning 11 Injection well water supply  9 Dewatering 12 Other (Specify below	)
	water supply 9 Dewatering 12 Other (Specify belowaters & garden) 10 Monitoring well 10 Monitoring well 12 Other (Specify below to be a supply water supply 12 Other (Specify below to be a supply 13 Other (Specify below to be a supply 14 Other (Specify below to be a supply 15 Other (Specify below to be a supply 15 Other (Specify below to be a supply 16 Other (Specify below to be a supply 17 Other (Specify below to be a supply 18 Other (Specify below to be a supply 19 Other (Specify b	
SW SE SE	(laws to guiden) To Monte ing the	
Was a chemical/bacteriological sample submi	itted to Department? Yes No; If yes, mo/day/y	rs
	Water well disinfected? Yes No	
S		
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete 1 Steel 3 PMP (SP) 6 Ashestes Compart 9 Others	T	
	(specify below) Welded	• • • •
Blank casing diameter 2 in. to ft., Diameter	in. to ft., Diameter in. to	ft.
Casing height above land surface in., Weight	lbs./ft. Wall thickness or guage No. S.M. Y.O	
TYPE OF SCREEN OR PERFORATION MATERIAL:	0.170	
1 Steel 3 Stainless Steel 5 Fiberglass 7 PV 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR)	9 ABS 11 Other (Specify)	••
SCREEN OR PERFORATION OPENINGS ARE:	10 Assestos-Cethent 12 Notic used (open note)	
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 To	rch cut 9 Drilled holes 11 None (open hole)	
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Sa	w_cut 10 Other (specify)	
SCREEN-PERFORATED INTERVALS: From	Tt., From ft. to ft. to	t.
GRAVEL PACK INTERVALS: From. 25 ft. to	ft., From ft. to	i. ft.
	ft., From ft. to	
6 CROUT MATERIAL 1 November 2 Comment (2 Por	104	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Benderout Intervals: From 0.5	ft. to . O : 5 ft., From	ft
What is the nearest source of possible contamination:	it. to it., i foli	11.
1 Septic tank 4 Lateral lines 7 Pit privy 10	Livestock pens 13 Insecticide storage 16 Other (specify	/
	Fuel storage 14 Abandoned water well below)	
	Fertilizer storage 15 Oil well/gas well	••
FROM TO LITHOLOGIC LOG	FROM TO PLUGGING INTERVALS	
^	O 0.5 Asphit	
	0.5 25 Bentonite	
Hallas ;		
Con attacher.		
<u> </u>		
		_
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: The	s water well was (1) constructed, (2) reconstructed, or (3) plugge	Ľ
under my jurisdiction and was completed on (mo/day/year) 8	. Q. and this record is true to the best of my knowledge and belief	
under the business name of RAZEK ENVIONMENTALL	by (signature)	•••
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PR</u>	INT 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, Geolog 785-296-5522. Send one to WATER WELL OWNER and retain one for	y Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telepl	one
http://www.kdheks.gov/waterwell/index.html.	your records. Fee of \$5.00 for each <u>constructed</u> well. Visit us	at

