County: John Son Fraction SE NE SE SE	= Sec. <u>/9 </u>
CORRECTION(S) TO WATER WELL COME (to rectify lacking or incorrect Owner: Jerry B. Kaplan	, ,
Location was listed as:	Location changed to:
Section-Township-Range: 19-125-13E	19-125-25E
Fraction (1/4 1/4 1/4):	SE NE SESE
Other changes: Initial statements: NAVD 88 equit	· · · · · · · · · · · · · · · · · · ·
/	
Changed to:	
Comments:	
Comments.	
Verification method: Latitude & Longitude,	KGS' "LEO" Conversion tool,
wellsite address, city street ma	p and mapping tool on
KGS website.	initials: ARL date: 7/7/2014
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co	onstant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jack	son, Suite 420, Topeka, KS 66612-1367.

WAIL	K WELL	RECORD	T.OT III	# # C-3	DIV	ision of wa	itel IXCSU	urces; App. N	0.		
County:		WATER WELL: Johnson	NE ¼	SE ¼	SE ¼	19		Township 1	S	R	15 E
Distance	and direction	on from nearest town 7722 Metcalf Ave., (or city street a	address of	well if G	Global Posi Latitude:	itioning <u>N 38</u>	g System (de .98845°	cimal deg	rees, min	. of 4 digits)
								1.66818°			
2 WA'1	ER WELL	OWNER: Jerry	B. Kaplan					: 1053.74; To	OC: 1053	3.33	
KK#,	St. Address	Box # : 5508 V Code : Prairie	7. 82 Terrace	200		Datum:	NAV	D88	1		
City,	State, ZIP C	ode : Prairie	Village KS 66	208 ED XVEI	T 0 07	Data Colle	ection IV	lethod: lega	l survey		
		L'S 4 DEPTH OI	COMPLETI	ED WELL	L <u>9.9/</u>			n.			
	ATON	Donath (a) Consu	- Jton Too			MW2	£ 2		£ 2		c.
	H AN "X"	* ' '	idwater Encou	ntereal	2 54	1 -11	n. 2		π. 3	,	π.
SEC	TION BOX	: WELL'S SIA	IIC WAIER I	LEVEL	3./1 II	below lar	na suria	ce measured	on mo/d	ay/yr	3/31/14
	N	Pump Est. Yield	test data: W	en water	was	II.	arter	nou	rs pumpi	ng	gpm
		Est. Yield	gpm: W	ell water	was	It.	after	nou	rs pumpi	ng	gpm
- N	M — NE -	1 1									
w L		E Domestic 3								er (Spec	cify below)
		2 Irrigation 4	Industrial 7 J	Domestic	(lawn & g	garden) (L	O)Moni	itoring well			
-s	v → SF X	1								_	
Was a chemical/bacteriological sample submitted to Department? Yes Sample was submitted Water Well Disinfection										If yes, n	10/day/yrs No X
5 TYPI	E OF CASI	NG USED: 5	Wrought Iron	5	8 Concre	te tile	CASI	NG JOINTS	: Glued	Cla	amped
1 St	eel	3 RMP (SR) 6	Asbestos-Cen	nent 9	Other (specify bel	ow)		Welde	d	
(2)P	VC	4 ABS 7	Fiberglass				,		Thread	led	X
Blank cas	sing diamete	er 2 in to	3.97 ft I	Dia	i	n. to	ft	Dia	in.	to	ft
Casing he	ight below l	4 ABS 7 er 2 in to and surface 0.4	1 ft. Weig	ht		lbs./	ft. Wal	l thickness of	r gange N	νο Νο	
TYPE O	SCREEN	OR PERFORATION nless steel 5 File	MĂTERIAL					· unoraross o	. gauge i		
1 St	eel 3 Star	nless steel 5 Fib	perglass (7)	PVC	9 A	BS		11 Other (s	specify)		
2 8	rass 4 Gai	vanized steel 6 Co	ncrete tile 8	RM (SR)	10 A	sbestos-Ce	ment	12 None us	sed (oper	hole)	
CODEEN	\bigcirc D DEDEC	AD A TIONI ODENIMI	CC ADE.								
1 C	ontinuous sl	ot (3)Mill slot	5 Gauze	wrapped	7 Torch	1 cut	9 Drille	ed holes 1	1 None	(open h	ole)
1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 3.97 ft. to 9.97 ft. From ft. to ft.											
SCREEN	-PERFORA	TED INTERVALS:	From	3.97	п. ю	9.9/	. H. Fro)m	n. 10)	ft.
			FIOH		. II. 10	40.40	. n. Fro	om	n. to		tt.
Gi	(AVEL PA	CK INTERVALS:	From	2	. II. 10	10.40	n. Pro	om	n. to		tt.
			From		IL to		n. Fro	om	It. to) 	ft.
6 GRO	UT MATE	RIAL: 1 Neat cem	ent 2 Cemer	at grout	(3) Bento	nite (4	Other)	Concrete: 0	-1'		
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1' Grout Intervals From 1 ft. to 2 ft. From ft. to ft. From ft. to ft.											
What is the nearest source of possible contamination:											
	tic tank		nes 7 Pit privy					cticide Stora		16 Oth	er (specify
	ver lines	5 Cess pool						ndoned wate		belo	w)
		er lines 6 Seepage p	it 9 Feedyard					well/ gas wel	1		
Direction	from well?	Unknown		Н	ow many	feet? Unl	known				
FROM	TO	LITHOL	OGIC LOG		FROM	TO		PLUGGIN	IG INTE	RVALS	3
0	0.5	Asphalt									
0.5	10.4	Brown silty clay									
10.4		Limestone									
						-					
				,			Chrob	ount male	fuer D	OW/	
							CIUSHIN	ount waiver	rom B	OW_	
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) 3/20/14 and this record is true to the best of my knowledge and belief.											
		tractor's License No.				cord was co	mpleted	on (mo/day/y	ar) 3/	25/14	and odilor.
		of Larsen & Asso			by (signatu		1	-			
							artment o	f Health and En	vironment	Bureau o	of Water
eology Sec	tion, 1000 SW	Jackson St., Suite 420, T	opeka, Kansas 666	512-1367. T	elephone 78	5-296-5522.	Send on	e to WATER	ELL OWN	ER and r	etain one for
NSTRUCTIONS: 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 one to WATER VELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.											