County: Johnson Fraction SE NE SE S	E Sec. 19 T 12 S R 25 DW
CORRECTION(S) TO WATER WELL COM (to rectify lacking or incorrection)	
Owner: Jerry B. Kaplan	_
Location was listed as:	Location changed to:
Section-Township-Range: 19-125-13E Fraction (1/4 1/4 1/4):	19-125-25E
Fraction (1/4 1/4 1/4):	SE NE SE SE
Other changes: Initial statements:	
Changed to:	
Comments:	
Verification method: <u>Latitude</u> & Longitude,	KGS' "LEO" conversion tool,
wellsite address, city street me	ap and mapping tool on
KGS website.	initials: ARL date: 7/7/2014
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 C	Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jac	ckson, Suite 420, Topeka, KS 66612-1367.

WATE	ER WELI	L RECORD	For	m WWC-	5 Di	vision of V	Water Reso	ources; App. No.	er e
1 LOC	ATION O	F WATER WELL:	Fraction	SF 1/	SF 1/	Section	Number 0	Township Numbe	Range Numbe
Distance	and directi	Johnson on from nearest town	or city stre	et address o	of well if	Global P	ositioning	Svstem (decimal de	egrees, min. of 4 digi
located v	within city?	7722 Metcalf Ave., C	Overland Pa	ark KS		Latitude	: N 38	.98810°	<i>3</i> ,
							de: W 94		70 60
2 WA'	CER WELL	OWNER: Jerry 3 s, Box # : 5508 W	B. Kaplan	••••			n: <u>RIM</u> NAV	: 1053.96; TOC: 10	53.62
City	State 7ID (S, BOX # : 5508 W Code : Prairie	7.82 1em Village KS	ace 1.66208	İ			Method: legal surve	v
		L'S 4 DEPTH OF							y
1	ATON	L S 4 DEI III OI	COMIL	DIED WE	<u> </u>	MW3			
	H AN "X"	IN Depth(s) Groun	ndwater En	countered 1				ft. :	3
1	TION BOX	: WELL'S STAT	TIC WATE	R LEVEL	5.26	ft. below	land surfa	ce measured on mo	/day/yr 3/31/14
	N	Pumr	test data:	Well wate	r was	f	ft. after	hours pum	ping gp
		Est. Yield	gpm:	Well wate	r was	í	ft. after	hours pum	ping gp
-N	w	WELL WATER	R TO BE U	JSED AS:	5 Public w	ater supp	ly 8 Ai	r conditioning 11	Injection well
w		1 Domestic 3	Feed lot	6 Oil field	water sup	ply	9 Dew	atering 12 Of	
VV		E 2 Irrigation 4	Industrial	7 Domesti	c (lawn &	garden)	(10)Mon	itoring well	
-s	w se -	.					_		
	,	was a chemica						Yes No X	
	S	Sample was sub	omitted	-			Water W	ell Disinfected? Ye	s No X
5 TYP	E OF CASI	NG USED: 5	Wrought I	ron	8 Concr	ete tile	CASI	NG JOINTS: Glue	d Clamped
1 S	teel	3 RMP (SR) 6	Asbestos-0	Cement	9 Other	(specify b	pelow)	Weld	ded
(2)P	VC	4 ABS 7	Fiberglass					Thre	aded X
Blank ca	sing diamet	er 2 in. to	3.40	ft., Dia		in. to	ft.,	Dia i	n. to
Casing he	eight below	4 ABS 7 er 2 in to land surface 0.3	4 ft., V	Veight		lbs	s./ft. Wal	l thickness or gauge	No.
TYPE O	F SCREEN	OR PERFORATION	MATERI	AL:					
1 St	teel 3 Sta	inless steel 5 Fib	erglass	(7) PVC	9 /	ABS		11 Other (specify)
2 B	rass 4 Ga	lvanized steel 6 Co. ORATION OPENING	ncrete tile	8 RM (SI	R) 10 A	Asbestos-	Cement	12 None used (op	en hole)
1 C	ontinuous s	lot 3 Mill slot	JS AIKE: 5 Gau	ize wrapped	7 Тото	ch cut	9 Drille	ed holes 11 Non	ie (open hole)
2 L	ouvered shu	lot 3 Mill slot atter 4 Key punche	d 6 Wir	e wrapped	8 Saw	Cut	10 Othe	r (specify)	(of no)
SCREEN	I-PERFOR	ATED INTERVALS:	From	3.40	ft. to	9.40	ft. Fro	om ft.	to
			From		ft. to		ft. Fro	om ft.	to :
Gl	RAVEL PA	CK INTERVALS:	From	2	ft. to	9.75	ft. Fro	o m ft.	to
			From		ft. to		ft. Fro	om ft.	to
6 GRO	UT MATE	RIAL: 1 Neat cem	ent 2 Ce	ment grout	(3 Bent	onite	(4)Other	Concrete: 0-1'	
Grout Int	ervals F	RIAL: 1 Neat cem	2 ft	. From	ft.	to	ft.	From	ft. to ft
What is t	he nearest s	ource of possible con	tamination	:					
	otic tank	4 Lateral lin			10 Livest	ock pens	13 Inse	cticide Storage	16 Other (specif
	wer lines	5 Cess pool		ige lagoon (ndoned water well	below)
	_	ver lines 6 Seepage p	it 9 Feed					well/ gas well	
Direction	from well?	Unknown			How man	y feet? L	nknown		
FROM	TO	LITHOL	OGIC LO	G	FROM	OT 1		PLUGGING INT	ERVALS
0	0.5	Asphalt							
0.5	9.75	Black silty clay							
9.75	 	Limestone							
							Flushn	ount waiver from	BOW
CONT	DACTOD:	S OR LANDOWNE	D'S CED	TIFICATION	ON: This	water wall	1100	angtmated (2) reconst	mated on (2) minage
		nd was completed on (n			20/14	and thi	s record is	true to the best of my	knowledge and beli
		ntractor's License No.						on (no/day/year)	
		e of Larsen & Asso			by (signa				
INSTRUCT	TIONS: Pleas	e fill in blanks or circle the	correct answ	ers. Send top	three copies	to Kansas D	Department of	of Healthand Environme	nt, Bureau of Water,
Geology Sec	ction, 1000 SV	Jackson St., Suite 420, T	opeka, Kansa	s 66612-1367.	Telephone '	785-296-552 erwell	22. Send on	te to WATER WELL OV	VNER and retain one for