County: Geary Fraction: NE NE NW	NW Sec. / T /2 S R 5 E							
CORRECTION(S) TO WATER WELL COMPLETION RECORD	Form WWC-5 (to rectify lacking or incorrect information)							
Owner: City of Junction City								
,	ocation changed to:							
Section-Township-Range: 1-125-5E	1-125-5E							
Fraction (¼ calls):	NE NE NW NW							
Other changes: Initial statements: No Latitude &	Longitude given.							
Changed to: Latitude and Longitude approximately: 39.04402, -96,83073 (was 84).								
Comments: Section, township, range,	and quarters assigned by							
projecting regular Public Land Survey System over the area								
Verification method: Latitude, Longitude, and	section quarters determined							
using written description, KG:	s' online WWC5 mapping tool,							
aerial photos, and LEOWEB.	Initials. OR Date: 5/30/2019							
Submitted by: X Kansas Geological Survey, Data Resources Library, 1930	Constant Avenue, Lawrence, KS 66047-3724							
Kansas Dept. of Health & Environment, Bureau of Water								
	(01/26/2018)							

			WAT	ER WELL RECORD	Form WWC-5	KSA 82				
	ON OF WAT	ER WELL:	Fraction	5 NUL		on Numbe	T ソス(		Range Number  R  S  D /W	
Distance ar	nd direction	from nearest toy	vn or city street	address of well if lo	cated within city?	11.1 7			inction City,	
WILL	#7	88	85 North	+135 En	ST OF I	818 +	*Tefferson	- 00	werren	
WATER	WELL OW	NER: CITY	OF Tune	ction C.TY						
RR#, St. A	ddress, Box	# P.O. B	Box 287	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Board of Agric	ulture, Div	ision of Water Resources	
	ZIP Code	TC	1/0	//40/			Application Nu	ımber:		
LOCATE	WELL'S LO	CATION WITH	4 DEPTH OF	COMPLETED WELL	63.4	. ft. ELEV	ATION:			
	- N		Depth(s) Grou	ndwater Encountered	777	π.	z	, . II. J Vday/vr		
1 4	20 <b>1</b>	<u>~      </u>							ping gpm	
-	- NW	NE							oing gpm	
	-		Bor GASS	Asger Size. 16 in	to .	ft	and	in. t	o	
* w  -	<del>- i -  </del>			TO BE USED AS:	5 Public water		8 Air conditioning		jection well	
-	1	i	1 Domest		6 Oil field wat	er supply	9 Dewatering	12 Ot	ther (Specify below)	
-	- sw	SE	2 Irrigation	n 4 Industrial	7 Lawn and g	arden only	10 Monitoring well	,		
1 1	- i	i	Was a chemica	al/bacteriological sam	ple submitted to De	partment?	YesNo	.; If yes, m	no/day/yr sample was sub	
	5		mitted				ater Well Disinfected?			
TYPE C	F BLANK C	ASING USED:		5 Wrought iron	8 Concre	te tile	CASING JOINT		Clamped	
1 Ste	el	3 RMP (S	iR)	6 Asbestos-Cem		specify belo	•		I	
2 PV		4 ABS		7 Fiberglass					ed	
				- Suc For	in. to		ft., Dia	IN.	. to ft.	
		•		. Z.M.; Weighte						
		R PERFORATIO		E Eiberglage	7 PV	P (SR)	10 Asbest			
1 Ste 2 Bra		<ol> <li>Stainles</li> <li>Galvania</li> </ol>		5 Fiberglass 6 Concrete tile	9 AB	. ,				
		RATION OPENIN			Sauzed wrapped	•	8 Saw cut	12 None used (open hole)  8 Saw cut 11 None (open hole)		
	ntinuous slo		Aill slot		Vire wrapped		9 Drilled holes		.,	
	uvered shutt		(ey punched		orch cut		10 Other (specify) .			
SCREEN-F	PERFORATE	ED INTERVALS:	From	ft.	to	ft., Fr	om	ft. to.		
			From	ft.	to 7:31 11/1	r ft., Fr	rom	ft. to.		
G	RAVEL PAG	CK INTERVALS	: From	<b>2.5</b>	to 6 . 7 9	ft., Fr	rom			
<b>—</b>			From	ft.		ft., Fr		ft. to		
_	MATERIAL		,	2 Cement grout						
Grout Inter	vals: From	m	. II. to	ft., From	π.				ft. to	
what is the	e nearest so ptic tank	ource of possible 4 Late	e contamination:	NONI CLOSE			estock pens el storage			
	wer lines	5 Ces		8 Sewage			tilizer storage	er (specify below)		
		er lines 6 See	•	9 Feedya			ecticide storage			
Direction f	•	oo	pago pa	5 · 000/u			nany feet?			
FROM	ТО		LITHOLOG	IC LOG	FROM	то		GING IN	TERVALS	
0	5'	COMPACTI	d CLAV	/5						
5	25'	Gener	Groun	<u> </u>						
25'	6341	/ Lorin	red SAM	eds						
	,									
			x 1							
		11/2	<del>*                                     </del>							
		1/100								
		With	109 10							
		11	v)1							
7 CONTI	RACTOR'S	OR LANDOWNE	ER'S CERTIFIC	ATION: This water w	vell was (1) constru	cted, (2) re	constructed, or (3) plug	ged unde	r my jurisdiction and was	
completed	on (mo/day	/year) 6 /	/7/8	<b>3.                                    </b>		and this re	cord is true to the best	of my know	wledge and belief. Kansas	
Water We	II Contractor	'e License No	451	This Wa	ter Well Record wa	s complete	d on (mo/day/yr)	0/.	1.41.0.0	
				will Drill		by (sig		11-	- 1000	

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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 Protection, Topeka, Kansas 66620-7320. Telephone, 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.