County: Geary Fraction: NW SW N	ENW Sec. / T /2 S R 5 E							
CORRECTION(S) TO WATER WELL COMPLETION RECOR	D Form WWC-5 (to rectify lacking or incorrect information)							
Owner: City of Junction City								
If location corrected, was listed as:	Location changed to:							
Section-Township-Range: 1-125-5E	1-125-5E							
Fraction (¼ calls):	NW SW NE NW							
Other changes: Initial statements: No Latitude	* Longitude given.							
Changed to: Latitude and Longitude approximately: 39.04235,								
-96,83022 (WG584).								
Comments: _ section, township, range, and quarters assigned by								
comments: <u>Section</u> , 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, Ko	Es' online WWC5 mapping tool,							
aerial photos, and LEOWEB								
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Avenue, Lawrence, KS 66047-3724								
Kansas Dept. of Health & Environment, Bureau of W	/ater, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367							
	(01/26/2018)							

				WELL RECORD	Form WWC-5					
			Fraction		VI Sec	tion Number	Township Nu		Range Number	
unty:	2 CALY	COUNTY			VE 1/4 122	2/	T /	26	R S DW	
tance a	and direction	from nearest town of	or city street add	ress of well if locat	ed within city?	Old TI	CETMENT PL	מצייעות ו	inction City KS.	
wel	1 #3	260	North +	152 Wass	OF Gra	ens + u	Upsh Inters	ection	ν <u>'</u>	
WATER	R WELL OW	NER: CITY	OF Juniti	on City						
R#, St. /	Address, Bo	x#: P.O. Bo	OF Junit	,			Board of A	griculture, D	ivision of Water Resources	
y, State	, ZIP Code	· T / /		/		,	Application	Number:		
LOCATE AN "X"	IN SECTIO	OCATION WITH 4	DEPTH OF COM	MPLETED WELL	.56".7	ft. ELEVA	TION:	ft. 3.	ft.	
ſ	LOT	51 W							ft. 	
]-	- NW	NE								
	!	l les	CASSING	Well Wa	lei was	1t. a	t. after hours pumping			
wŀ				BE USED AS:	- 17 17 ME		8 Air conditioning		njection well	
- 1	i		1 Domestic	3 Feedlot	6 Oil field water		9 Dewatering		Other (Specify below)	
-	- SW	SE	2 Irrigation	4 Industrial			10 Observation we		other (opecity bolow)	
l	!	!	•		-					
L	<u>'</u>			cteriological sample	Submitted to De	•	ment? Yes			
TVDE (DE DI ANK	CASING USED:	tted	- Manualt inca	8 Concre				Clamped	
1 St		3 RMP (SR)		5 Wrought iron 5 Asbestos-Cement		(specify below			od	
2 P\		4 ABS					•		ded	
				7 Fiberglass			# Dia			
arik Casi	ng diameter		10	12 R.			II., Did		n. to ft.	
		R PERFORATION N		i., poignt. Dc.9.						
				- - - - - - - - - -	7 PV	_		estos-ceme	j	
1 St		3 Stainless st		Fiberglass		IP (SR)				
2 Br		4 Galvanized		Concrete tile	9 AB	5		e used (ope	·	
_		RATION OPENINGS			zed wrapped		8 Saw cut		11 None (open hole)	
	ontinuous sk				wrapped		9 Drilled holes			
	uvered shut	,	punched	7 Tord			· · · •			
HEEN-	PEHFORAT	ED INTERVALS:)	
		04 11750444 0	From	ft. to .	5/17"	ft., Fro	m	n. to)	
(SRAVEL PA	CK INTERVALS:)	
			From	ft. to			m		ft.	
	MATERIA			Cement grout	3 Bento					
out Inte	rv al s: Fro	m ん. み ft.	to . 2.3	ft., From	ft.	to	ft., From		. ft. to	
		ource of possible cor		MI CLUSE		10 Lives	tock pens		pandoned water well	
	ptic tank	4 Lateral I		7 Pit privy		11 Fuel	-		l well/Gas well	
2 Sewer lines 5 Cess po			8 Sewage la	goon	12 Fertil	izer storage	16 Other (specify below)			
3 W	atertight sev	ver lines 6 Seepage) pit	9 Feedyard		13 Insec	ticide storage			
	rom well?				1 ==	How ma		=	10.100	
ROM	TO		LITHOLOGIC LC		FROM	то		LITHOLOG	IC LOG	
0	15'	Compated Comint Chorinal	CLAYS							
15	35'	Comint	Grout							
35	567	CLO CINAT	ed Sonds							
_										
			4							
		11/20	<u> </u>							
		N.								
		V V	1491							
			QV							
			\							
CONTI	RACTOR'S	OR LANDOWNER'S	CERTIFICATION	N: This water well	was (1) constru	cted. (2) reco	onstructed, of (3) p	olugged und	er my jurisdiction and was	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, of (3) plugged under my jurisdiction and was mpleted on (mo/day/year)										
ater Well Contractor's License No										
		ame of HALACE			710.11 710001G W	by (signa		7 1/2	WORT	
INSTRUC	CTIONS: Use	typewriter or ball point pe	en. PLEASE PRESS	FIRMLY and PRINT of	early. Please fill in	blanks, underlin	e or circle the correct	nswers. Sen	d top three copies to Kansas	
Departme	ent of Health a	and Environment, Bureau	of Water Protection	n, Topeka, Kansas 666	620-7320, Telepho	ne: 913-862-93	60. Send one to WATE	R WELL OW	NER and retain one for your	
records				,						