County: Pouglas Fraction: NW SW NE	. 3E Sec. 23 T /3 S R /9 E
CORRECTION(S) TO WATER WELL COMPLETION RECORD	Form WWC-5 (to rectify lacking or incorrect information)
Owner: Marion Stanley	
If location corrected, was listed as:	Location changed to:
Section-Township-Range: 14-13 S-19E	23-135-19E
Fraction (1/4 calls):NW NW SE	NW SW NE SE
Other changes: Initial statements:	
Changed to:	
Comments:	
Verification method: <u>Well owner's address</u> , <u>aerial photos on KGS websit</u>	and mapping tool # e. Initials: DRL Date: 10/2/2018
Submitted by: Kansas Geological Survey, Data Resources Library, 19 Kansas Dept. of Health & Environment, Bureau of Wat	, ,

(01/26/2018)

	WA ⁻	TER WELL RECO	RD Form V	VWC-5	SA 82a-12	12 ID No)				
1 LOCATION OF WA	TER WELL:	Fraction				on Number	Township N	lumber	Range Numb	oer	
County: Douola			NW 1/4 S		14	4	т /3	S	R 19E	E/W	
Distance and direction			dress of well if	located with	n city?		-				
2 South of						Pern	rit#				
2 WATER WELL OW	NER: Mari	on Stanle	y								
RR#, St. Address, Box	# : 11298	1264Rd					Board of A	griculture, D	Division of Water Re	sources	
City, State, ZIP Code	Law	rence KSIL	D47				Application	Number:			
3 LOCATE WELL'S LO	CATION WITH	4 DEPTH OF CO	MPLETED WE	LL/	32.'	ft. ELEVAT	TON:				
AN "X" IN SECTION	BOX:	Depth(s) Ground	water Encounte	ered 1,		ft.	2	ft. 3	9-9-03	ft.	
N		WELL'S STATIC	WATER LEVEL	5.9	ft. below	land surface	e measured on m	o/day/yr	990.3		
	1								oumping		
NW	- NE	WELL WATER TO		: 5 Publ	c water su	vlaa	8 Air conditionin	a 11 İr	niection well	-	
		1 Domestic	3 Feedlot	6 Oil fi	eld water s	upply	9 Dewatering	,12 (Other (Specify below on & Gander	1)	
W	- E	2 Irrigation	4 Industrial	7 Dom	estic (lawn	& garden)	10 Monitoring we	<i>!a.w</i>	n a ganaer	<i>i</i>	
^	1										
SW	- SE		pacteriological	sample subr	nitted to De				no/day/yrs sample w	∕as sub-	
	!	mitted				Wa	iter Well Disinfect	ed? Yes	x No		
S											
5 TYPE OF BLANK O	CASING USED:		5 Wrought iron		B Concrete	e tile	CASING JC	INTS: Glue	dX Clamped		
1 Steel	3 RMP (SF	,	6 Asbestos-Cement 9 Other			pecify below)			Welded		
2 PVC	4 ABS		7 Fiberglass						aded		
Blank casing diameter	·····5"·······	in. to	ft.	, Dia		.in. to	ft., Di	a	in. to	ft.	
Casing height above la			in., weight			32			_		
TYPE OF SCREEN OF	3 Stainless		5 Fiberglass		7 PVC 8 RMP	(SB)		bestos-Cen	nent ')		
1 Steel 2 Brass	4 Galvaniz		6 Concrete tile		9 ABS			ne used (or			
SCREEN OR PERFOR	RATION OPENIN	ICS ARE:		5 Guazed v	ranned		8 Saw cut		11 None (open ho	(ماد	
1 Continuous slot		ill slot		6 Wire wrat	• •		9 Drilled holes		11 None (open no	ile)	
2 Louvered shutte		ey punched		7 Torch cut			10 Other (speci	fy)		ft.	
SCREEN-PERFORATI		^.	f	t to 12	4	ft From		ft. to		ft.	
001122147 2111 011711		From	, f	t. to		ft., From		ft. to)	ft.	
GRAVEL PA	CK INTERVALS:										
		From	f	t. to	•••••	ft., From	•••••	ft. to)	tt.	
6 GROUT MATERIA	I Neat	cement .	2 Cement gr	out	3 Bento	nite 4	Other				
	n3	ft to 24	ft From	40	ft. to	6	ft. From		ft. to	ft.	
What is the nearest so						10 Livest			Abandoned water we		
1 Septic tank	4 Later		7 F	Pit privy		11 Fuels					
2 Sewer lines	5 Cess		8 Sewage lagoon			12 Fertilizer storage					
		•	9 Feedyard			13 Insecticide storage			16 Other (specify below)		
Direction from well?	3 Watertight sewer lines 6 Seepage pit Direction from well? Northwest			•				many feet? 50			
FROM TO		LITHOLOGIC	LOG		ROM	ТО		UGGING IN	NTERVALS		
0 2	top soil										
2 29	clay br										
		brown sai	ndu								
29 34 34 69 69 70 70 87 87 90		grey.									
69 70		Limestone	2								
70 87		grey sal									
87 90		tone gre									
90 120		tone gre									
120 122		limestone									
122 131	0 . 0.	grey Lin									
131 132	grey		-								
	78										
7 CONTRACTOR'S C	DR LANDOWNE	R'S CERTIFICATI	ON: This wate	r well was	Construe	ted (2) reco	instructed or (3)	plugged up	der my jurisdiction :	and was	
completed on (mo/day/y	(ear) 9-	30-03	Cit. Tino wate	was	, 97131140	and this red	cord is true to the l	pest of my k	nowledge and belief.	. Kansas	
Water Well Contractor's	Licence No	182	Thi	s Water Wel	Record w	as complete	d on (mo/dav/yr)	9-30-0	23		
under the business nam		len Onill					signature)	- S	2/1 ton		
					blanks under		· · · · ·	ton three conie	s to Kansas Department of	f Health	

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.