CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information)

Location listed as:	Location changed to:
Section-Township-Range: 18-45-20 E	18-145-20E
Fraction (1/4 1/4 1/4):	NW NW SW NW
Other changes: Initial statements:	
Changed to:	The state of the s
Comments: Address of wellowner, Stan	Rowe, is 672 = 1400 Rd.
Lawrence, KS.	
verification method: Latitude & longitude, Ko	GS"LEO" conversion tool,
well owner's address, county road	I map, and mapping tool &
well owner's address, county road aerial photo on KGS website.	initials: DRL date: 10/22/2009
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Coto: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jack	

WATE	R WELI	RECORD	Form WWC-	5	Division	n of Wate	er Resources; App. No. L		
1 LOC	LOCATION OF WATER WELL: County: Dyug / 45		Fraction	() () ()	Section N	umber	Township Number	Range Number R ZO EW	
Coun	ity: // 04	ection from nearest town or city street address of well if Global Positioning Systems (decimal degrees,							
	nce and un		y street address of we	in in G	Iouai Pos Latitude:	gninoming	88.83708	ees, min. of 4 digits)	
į				. 11			5.24081		
2 WA	TER WEI	LOWNER: Ground sour C ss, Box # : 216 E. 5th S	E INL (STANK	ours)	Elevatior	1:	7,2 1001		
RR#	, St. Addre	ss, Box # : 216 E. 5#4 S	<i>t.</i>		Datum:				
City	, State, ZIP	Code : Holdan KS	66436		Data Col	lection 1	Method:		
3 LOC	ATE WE	Code : Holtw. KS LL'S 4 DEPTH OF COMP	LETED WELL	160		ft.			
1	ATION								
WIT	H AN "X"							 ft.	
SEC'	TION BOX	1	TER LEVEL	<u>ft.</u> t	pelow land	d surface	measured on mo/day	yr	
	N	Pump test data:	Well water was		ft. after		hours pumping	gpm	
🛴		Est. Yieldgpm	: Well water was	io woter o	.it. aiter	Q Air	hours pumping	gpm	
- NV	V NE -	WELL WATER TO BI 1 Domestic 3 Feed	llot 6 Oil field	water sun	nlv nlv	9 Dev	vatering 11 inje	(Specify below)	
W		E 1 Domestic 3 Feed 2 Irrigation 4 Indu	ustrial 7 Domesti	c (lawn &	garden)	10 Mor	nitoring well	LOSEP LOUP.	
	, CF							Geother Mal	
5	/ SE -	Was a chemical/bacteri	ological sample subn	nitted to D	epartmen	t? Yes.	No	If yes, mo/day/yrs	
		☐ Sample was submitted.		. Water	well disir	nfected?	Yes No		
	S								
4		ING USED: 5 Wrought I	ron 8 Conc	rete tile		CASING	G JOINTS: Glued	Clamped	
		3 RMP (SR) 6 Asbestos-6	Cement Q.Other	(specify b	pelow)			\ \footnote{\chi}	
Dlank as	PVC	4 ABS 7 Fiberglass ter	f. Diamatan	W. 1.4		a	Threaded	······································	
Casing k	sing diame	land surface	in Weight	III	. 10 Se /ft	Wall thic	ckness or guage No.	in. τοπ.	
TYPE	F SCREE	N OR PERFORATION MATE	RIAL:)S./1t.	wan unc	ckness of guage No.	2 /~/y	
I	Steel		plass 7 PVC	9 AI	3S		11 Other (Specify)		
2	Brass	4 Galvanized Steal 6 Concr	ete tile 8 RM (SR) 10 A	sbestos-C	ement	12 None used (open		
		FORATION OPENINGS ARE							
		s slot 3 Mill slot							
		hutter 4 Key punched 6 W							
SCREE	N-PERFOR	RATED INTERVALS: From.							
	GRAVEI	PACK INTERVALS: From	ft to		11.,	From	ft to	II.	
	OKAVEL						ft. to		
			_						
I	UT MATI		Cement grout 3 Per	ntonite 4	4 Other				
Grout In		From ft. to	 ft., From	f	t. to	f	t., From	ft. toft.	
		source of possible contamination		0.1.:	.1	12 1		16 Odhan (ana 16	
	Septic tank Sewer line:			0 Livesto 1 Fuel sto			secticide storage bandoned water well	16 Other (specify below)	
1		sewer lines 6 Seepage pit		2 Fertilize			l well/gas well .	below)	
		1?	•		_			•••••••	
FROM	ТО	LITHOLOGIC		FROM	ТО		PLUGGING INTI		
5 0	5	CLAY		/49	155	LI	MESTINE		
5	15	SHALE, GRAY		155	160		LE, GRAY		
5 /5	20	LIMESTONE							
20	23	SHALK, GRAY							
23	30	LIMESTONE				_3/	40425 10 16	0	
30	72	SHALE CRAY	- Piper Willer						
72	75	LIMESTONE							
75	98	SHALR, GRAY					· · · · · · · · · · · · · · · · · · ·		
98	102	LIMITSTUNE	78.404.44						
102 149 SHALA GRAY TONITH ACTOR'S OF LANDOWNER'S CEPTIFICATION. THE Geothermal									
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)									
Kansas Water Well Contractor's License No									
under the business name of ASSOCTATED DEGLETAL FILE by (signature)									
INSTRUC	CTIONS: Us	e typewriter or ball point pen. PLEAS	SE PRESS FIRMLY and P	RINT clearly	. Please fil	ll in blanks	s, underline or circle the co	rrect answers. Send ton	
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 constructed well. Visit us at									
http://www.kdheks.gov/waterwell/index.html.									