County: Johnson Fraction SW SE NW S	W Sec. 12 T 14 S R 23 (E/W
CORRECTION(S) TO WATER WELL COM (to rectify lacking or incorrect Owner: Trans Am Trucking	,
Location was listed as:	Location changed to:
	•
Section-Township-Range: None Given	12-14 S-23 E
Section-Township-Range: None Given  Fraction (1/4 1/4 1/4):	SW SE NW SW
Other changes: Initial statements:	
Changed to:	
Comments:	
Verification method: Latitude & longitude, K wellsite address & area road m aerial photos on KGS website Submitted by: Kansas Geological Survey, Data Resources Library, 1930 C	initials: A date: 2/4/20/5 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jac	kson, Suite 420, Topeka, KS 66612-1367.

	WELL R			WWC-5			ision of Water		6	"		
	l Record			e in Well Use			ources App. No		WCII ID			
1 LOCAT	TION OF W	ATER-WEI	L:	Fraction			ction Number	Township Numb	1			
County	JOHRZ	OTHERM		1/4 1/4	1/2		1 4 11	T S		E DW		
Ducinocci	TR AN	ast Name: 30	てRuLK	First: JACOB	704			here well is located				
Address:	Business: TRANS AM TRUCKING direction from nearest town or intersection): If at owner's address, check here:											
Address:												
	LATHE						T	*1 4 1/				
3 LOCAT WITH "				1PLETED W			5 Latitud	1 380 50" 3	8.69.09 <sub>(decir</sub>	mal degrees)		
	N BOX:	Depth(s) G	Depth(s) Groundwater Encountered: 1) 3. 2.5 ft.				Longitude 9.4° 48" 47. 22.04 (decimal degrees)					
N	N	2)	2) ft. 3) ft., or 4) □ Dry Well WELL'S STATIC WATER LEVEL: 2-0a ft.				Datum: XWGS 84 NAD 83 NAD 27					
		1	below land surface, measured on (mo-day-yr)				Boulet for Euthade Bongitude.					
NW	NE	_		, measured on (r	-	• /	(WAAS enabled? Yes No)					
	1	-		vater was				☐ Land Survey ☐ Topographic Map				
w	E	after		s pumping			<b>P</b> On	Online Mapper:				
SW	SE	after		vater was s pumping								
		Estimated \				Spin		6 Elevation:ft. ☐ Ground Level ☐ TOC				
	S			in. to		ft. and		Source: Land Survey GPS Topographic Map				
1 п				in. to		ft.		Other				
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID												
Domestic:     ☐ Housel		3. L 6. F	] Public wa ] Dewaterin	iter Supply: wel ig: how many w	II ID Ælls?		10. 🔲 OII.	ole: well ID	ease			
☐ Lawn d				echarge: well II				ed Uncased				
☐ Livesto	ock			g: well ID			12. Geothe	rmal: how many bore	s? <b>3<i>5</i></b>			
2. 🔲 Irrigati				al Remediation:				sed Loop  Horizon				
3. Feedlo			Air Sparge			Extraction		b) Open Loop				
4. Industr			Recovery									
		-	-	nitted to KDH	E? [_]	Yes ∐ No	If yes, date s	sample was submitte	ed:			
		Yes		C D Othor		CASI	NG IODITS:	Clued Clemne	4 18 Waldad 17	Throadad		
8 TYPE OF CASING USED: Steel PVC Other												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:												
	nuous Slot	Mill Slot		auze Wrapped	Пт	orch Cut III	Drilled Holes	Other (Specify)				
		☐ Key Punc					None (Open Ho					
SCREEN-F	PERFORATI	ED INTERV	ALS: Fron	1 ft. to		ft., From .	ft. to .	ft., From	ft. to	ft.		
								ft., From				
								<i>0</i>				
		e contaminat		ft., From	•••••	ft. to	ft., From	ft. to	n.			
Septic			Lateral Line	es 🔲 Pit 1	Privy		Livestock Pens	s 🔲 Insecti	cide Storage			
☐ Sewer	Lines		Cess Pool	☐ Sew	vage La	agoon $\square$	Fuel Storage	☐ Aband	oned Water Well			
□ Watert	ight Sewer Li	nes 🔲	Seepage Pit	☐ Fee			Fertilizer Stora	ige ☐ Oil We	ell/Gas Well			
Other (	(Specify)[.	YO!N. E		Dietopea	from u	 20112		ft				
10 FROM	TO		LITHOLO		HOIII W	FROM		JTHO. LOG (cont.) o		TERVALS		
0	8	OFFRB					1,3	(44,0)	1200011411	121(1112)		
4	10	LIME										
10	280	SHALL	E									
280		LIMEST	ONE									
286	3 45	SHALL					ļ					
345	500	SHALL				NY-4-						
						_ Notes:						
4				12/1	1/20	<u>,,</u> ,						
11 CONT	RACTOR'S	OR LAND	OWNER'S	CEDTIE	4/20 ATIO	This seeds	r well was	constructed. □ rece	onstructed or	plugged		
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year)												
i ixalisas vva	ilei vv eli eoi	inacioi s Lic	C113C 14O	· · · · · · · · · · · · · · · · · · ·	1112 44	aici ** c11 12c1	JOIG WAS COIII	picica on (mo-day-y	car / 4. t	. 🖋		
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.												

KSA 82a-1212

Visit us at http://www.kdheks.gov/waterwell/index.html

Revised 9/10/2012