## CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information) County: Dickinson Location listed as: Location changed to: Section-Township-Range: 32-/45-5E 32-195-4E Fraction ( 1/4 1/4 1/4): \_\_\_\_\_ SE NE NE NE \_\_\_\_\_ SE NE NE Other changes: Initial statements: Changed to: Comments: verification method: Written & legal descriptions, position on plat map,

and Woodbine & Navarre 1:24,000 topo. maps (buildings shown on map initials: DPL date: 3/9/2009

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726 to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

		WA	ATER WELL REC	CORD F	orm WWC-5	KSA 82a	-1212 ID N	lo			
	ION OF WA	_	Fraction	m	m	Se	ction Number	1	ship Number	Range Number •	
	ie Kin		<u>  3e 14</u>		1/4 //E	%	32	<u> </u>	/7 s	R S (EM)	
Distance and direction from nearest town or city street address of well if located within city?											
2 WATER WELL OWNER: Chris Bravae											
RR#, St. Address, Box # : 1375 Cage Rd  Board of Agriculture, Division of Water Resources											
City, State,			dbine		6149	72	# FL F\/A		ication Number:		
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL											
WELL'S STATIC WATER LEVEL											
Pump test data: Well water wasft. afterhours pumping											
Est. Yield											
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify b								Other (Specify below)			
W I   E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well											
SW SE Was a chemical/bacteriological sample submitted to Department? Yes(No); If yes, mo/day/yrs sample was a chemical/bacteriological sample submitted to Department?											
mitted   Water Well Disinfected (Yell ) No											
	Ś										
5 TYPE (		CASING USED: 3 RMP (SI		5 Wrough	nt iron os-Cement	8 Concr				edlded	
2 PVC 4 ABS `			,	7 Fibergla	ass		9 Other (specify below)		Threaded		
Blank casing diameter											
Casing height above land surface in., weight Classification in., weight Cla								ge No			
		R PERFORATIO					PVC		10 Asbestos-Cement		
1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel						MP (SR) BS		11 Other (Specify)			
2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole)											
	tinuous slot		Mill slot			wrapped		9 Drilled	holes	,	
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)ft.											
SCREEN-PERFORATED INTERVALS: From											
Fromft. toft., Fromft. toft., Fromft. toft., Fromft. toft., Fromft. toft.											
GRAVEL PACK INTERVALS: Fromft. toft., Fromft., Fromft. toft., Fromft. toft.											
0 000	IT 144TED! 4		<del> </del>								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other											
		•	contamination:	₩ II.,	FIOIII	IL.		II., FIOI stock pens		Abandoned water well	
			ral lines		7 Pit privy		11 Fuels			Oil well/Gas well	
			s pool		8 Sewage	lagoon				Other (specify below)	
3 Watertight sewer lines 6 Seepage pit			page pit	9 Feedyard			13 Insecticide storage				
Direction from well?							How mar	How many feet? 75- 4			
FROM	TO		LITHOLOGIC			FROM	то	<u> </u>	PLUGGING I	NTERVALS	
10	12	Clay	-Should	2							
12	32	him		- 10	· /	, ,					
32	70	Yellow		26 111	ixed	Lime					
60	10	Lime	ž								
70	100	ROLC	hale								
100	120	hime	-yell	241	hale.						
120	121	Wate	5r							4	
	10) 11										
121	124	hime	<u>?</u>								
1511	101	12111 0	Shale	<u> </u>							
124	126	DIVE	Shale	5							
7 001170	ACTORIO O	I ANDOMAS	- Die OEDTIEIO	TION: TE!	mater mall :	00 (1) 0===+	uotod (0) == =	onetruoted -	vr (3) pluggod :::	nder my jurisdiction and was	
		ear)		TION: THIS	water well W	as (1) c <u>onstr</u>	and this re	ecord is true to	o the best of my l	nder my jurisdiction and was knowledge and belief. Kansas	
Water Well	Contractor's	Licence No	180		This Water	Well Record	was complete	ed on (mo/da	y/yr) 7-1.	3-03	
	usiness nam		24118	Dril	lino			(signature)	Jaul 3	& Saakhue	
INSTRUC	TIONS: Use type	writer or ball point pe	en. <u>PLEASE PRESS I</u>	FIRMLY and PR	INT clearly. Notes	e fill in blanks, un	derline or circle the	e correct answers	s. Send top three copie	es to Kansas Department of 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 constructed well.											