CORRECTION(S) TO WATER WEL	
(to rectify lacking or incorrec	t information)
	County: Morris
Location listed as:	Location changed to:
Section-Township-Range: 10-85-7 E	10-145-8E
Fraction (¼ ¼ ¼): SW NW NW	_ SW NW NW
Other changes: Initial statements:	
Changed to:	
Comments:	
Comments.	
varification mathed: 119 14-4 do 50 to \$\alpha\a	//
verification method. We then description, we	11 owners andress, area
road map, position on plat map,	and mapping tool on KGS
verification method: Written description, we road map, position on plat map, website.	initials: DRL date: 8/19/2006
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co	·
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jack	kson, Suite 420, Topeka, KS 66612-1367.

WATER WELI		Form WWC-				er Resources;	App. No. L		
County:		Fraction 5 W1/4 NW1/4 N	1/4	Section Nu		Township T	Number	Range Number R AW	
Distance and direction from nearest town or city street address of well if a Global Positioning Systems (decimal degrees min of 4 digits)									
The Go South Imports they 4 Go Wist I mile to LODORA TARRINGIANT A MINE ALERS									
2 WATER WEI	L OWNER:	nd 1912 (h.		Elevation		7777			
RR#, St. Addre	EL OWNER: Chartist Talless, Box # 223 5047	IDDORA.	1	Datum:	•				
City, State, ZII	Code ALT MICE	KS 668.		Data Coll	ection l	Method:			
3 LOCATE WE	LL'S 4 DEPTH OF COME	KETED WELL	201		ft.				
LOCATION		•							
WITH AN "X"									
SECTION BO	WELL'S STATIC WATER LEVEL 6.0 ft. below land surface measured on mo/day/yr								
N	Pump test data: Well water was								
	Est. Yield. 60 gpm: Well water was								
W - NW NE	E 1 Domestic 3 Fee	dlot 6 Oil field	water sup	ply	9 Dew	vatering	12 Ot	her (Specify below)	
"	2 Irrigation 4 Ind					nitoring well		·····	
SW SE									
Was a chemical/bacteriological sample submitted to Department? Yes; If yes, mo/day/yrs Sample was submitted									
	Sample was submitted.		. Water	well disin	fected?	Yes	No		
S		0.0			GAGDIA	a tonima (
5 TYPE OF CAS	SING USED: 5 Wrought I 3 RMP (SR) 6 Asbestos-		rete tile (specify b		CASING			Clamped	
Blank casing diam	eter 5 in. to	ft., Diameter	in	. to	ft	Diameter		in. toft.	
Blank casing diameter in. to ft., Diameter in. to ft., Diameter in., Weight ft., Wall thickness or guage No.									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel	3 Stainless Steel 5 Fiber			BS C		\		1 1)	
2 Brass	4 Galvanized Steal 6 Conc FORATION OPENINGS AND	Rete tiles 8 RM (SR) 10 A	sbestos-C	ement	12 None u	sed (open	hole)	
	s slot Mill slot 5 G		orch cut	9 Drille	ed holes	11 Non	ie (onen h	ole)	
2 Louvered	shutter 4 Key punched 6 W	ire wrapped 8 S	aw cut	10 Other	(specify	y)			
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify)									
From									
GRAVEL		ft. to . ft. to							
6 GROUT MAT	ERIAL: 1 Neat cement 2	Cement grout Ber	ntonite	Other					
Grout Intervals:	From . It to	6 / II From	t	01 1	f	t., From		ft. toft.	
	t source of possible contaminat	ion: Nows	CLO	مع	10.7			16.04 (:6	
1 Septic tanl 2 Sewer line	4 Lateral lines		0 Livesto	ck pens		secticide stor bandoned wa		16 Other (specify below)	
	s 5 Cess pool t sewer lines 6 Seepage pit	o be mage mage on 1	2 Fertilize	1484		l well/gas w		below)	
	11?			_		_			
FROM TO	LITHOLOGIC	LOG	FROM	TO		PLUGG	ING INT	ERVALS	
0 /	TOP SOL		29	86	Gris	4 5 holl	,		
'.	Brown Clay		86	24	Bob	un Sh	4		
10 15	Limisione		24	101	1121	Ton			
15 18	yellow Shole	10 11 11 11 11 11 11 11 11 11 11 11 11 1	101	102	Brow	w Shot	<u> </u>	WOTA)	
18 26	LIMISTONE TIN Shale		102	120	Lip	11/00			
10 15 15 18 18 26 26 47 47 50 50 61	11 SAPO							<u> </u>	
50 11	Rever State								
61, 76	GIS Chels	~~~~							
76 79	1 incl For					$\overline{}$			
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) 4									
Kansas Water Well Contractor's License No. 4.2 This Water Well Record was completed on (mo/day/year) 4 28									
under the business name of by the wild will by (signature) by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, under ine 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., Suit 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.									
intp.// www.kuiicks.gov	· · · · · · · · · · · · · · · · · · ·	NAME OF TAXABLE PARTY O							