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

Location listed as:	County: () Sage Location changed to:
Section-Township-Range: $14 - 15 \le -14 = 1$	14-155-14E
Fraction ( 1/4 1/4 1/4):	SE NE SW NW
Other changes: Initial statements:	•
Changed to:	
Comments: Well location is in	Burlingame, KS.
verification method: Latitude & longitude, k written de scription & area stree on KGS website.	GS" (LEO" conversion tool,
on KGS website.	initials: DRL date: 1/14/2009

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.

WATER WELL REC	CORD MIN-	Form WWC-	5	Division of Water	er Resources; App. No.	
1 LOCATION OF WA	TER WELL:	Fraction	,		Township Number T   S	
County: Distance and direction	from nearest town or o	ity street address of we	ell if (	Hobal Positionin	g Systems (decimal de	grees, min. of 4 digits)
located within city?			Ner	Latitude:	g Systems (decimal de	5.000,
4	THE EAST HALE	VI CASCILAL OF E	100	Longitude:	95 8704	
2 WATER WELL OW	NER: KDHE			Elevation:		
	«لاهد 1000 sm الم	ckson Suita41	~	Datum: NAD	04	1.11
City, State, ZIP Code	Transfer	KS 64612	:	Data Collection	Method: Thales	Mahila Magazelis
3 LOCATE WELL'S	4 DEPTH OF COM	PLETED WELL	20	ft	Method. Theres	HODIE PHYTERE
LOCATION						
WITH AN "X" IN	Denth(s) Groundwate	er Encountered (1) ATER LEVEL	10	ft. (2)	ft. (3).	ft.
SECTION BOX:	WELL'S STATIC W	ATER LEVEL	<b>2</b> ft. 1	pelow land surfac	e measured on mo/day	/vr.4/11/03
N	Pump test dat	ta: Well water was		ft. after	hours pumping.	gpm
		m: Well water was				
'   '		BE USED AS: 5 Publ				
w NW NE	1 Domestic 3 Fe	edlot 6 Oil field	water sup	ply 9 De	watering 12 Of	ther (Specify below)
	2 Irrigation 4 In	dustrial 7 Domesti	ic (lawn &	garden) 10 Mo	nitoring well	
X-SWSE					✓	
SW   SE	Was a chemical/bacte	eriological sample subr	nitted to I	epartment? Yes	No;	If yes, mo/day/yrs
	Sample was submitte	d	. Water	well disinfected?	Yes No	<b>L</b>
S					, ,	
5 TYPE OF CASING U	ISED: 5 Wrough	t Iron 8 Conc	rete tile	CASIN	IG JOINTS: Glued	Clamped
	P (SR) 6 Asbesto	s-Cement 9 Other	r (specify	pelow)	Welded.	
	7 Fibergla	SS			Threade	
DVC 4 ABS Blank casing diameter Casing height above land	.2 in. to 10	ft., Diameter	ir	ı. to ft.	, Diameter	in. toft.
Casing height above land	surface	in., Weight	1	os./ft. Wall th	ickness or guage No.	
TYPE OF SCREEN OR I	PERFORATION MAT	ERIAL:				
1 Steel 3 Sta	inless Steel 5 Fiber vanized Steal 6 Cor	erglass (7) VC	9 A	BS	11 Other (Specify)	
2 Brass 4 Gal	vanized Steal 6 Cor	ncrete tile 8 RM (SF	R) 10 A	sbestos-Cement	12 None used (oper	n hole)
SCREEN OR PERFORA						
1 Continuous slot		Gauzed wrapped 7				
2 Louvered shutter	4 Key punched 6	Wire wrapped 8 S	Saw Cut	10 Other (speci	fy)	
SCREEN-PERFORATE						
ODALIEI DAGI	From	1 ft. to .	<u>a</u>	π., From .		II.
GRAVEL PACE	X INTERVALS: From	1 ft. to .				
	FIOII	1 11. 10	• • • • • • • • • • • • • • • • • • • •	IL., FIOIII .	11. 10 .	
6 GROUT MATERIAL	: 1 Neat cement	2 Cement grout (3)Be	ntonite	4 Other		
	om8 ft. to	ft., From		ft. to	ft From	ft. toft.
What is the nearest source					,	
1 Septic tank	4 Lateral lines		10 Livesto	ck pens 13 In	nsecticide Storage	16 Other (specify
2 Sewer lines	5 Cess pool		11 Fuel sto		Abandoned water well	below)
3 Watertight sewer	-				Oil well/gas well	
Direction from well?			How many	/ feet?		
FROM TO	LITHQLOG	IC LOG	FROM	TO	PLUGGING INT	TERVALS
20 8 8	silty ( Oay	1				
	<del>0</del> . <del>0</del>					
		•				
		577745 (				
			<u> </u>			
7 CONTRACTOR'S O	R LANDOWNED'S	TERTIFICATION: T	his water	well was (1) cons	structed. (2) reconstruc	eted or (3) plugged
7 CONTRACTOR'S O under my jurisdiction and	d was completed on (m	o/day/year) 4/13/	115 water	this record is true	e to the best of my kno	wledge and helief
Kansas Water Well Cont	ractor's License No	This Water	Well Rec	ord was complete	ed on (mo/day/year)	4-30-07
under the business name		This water	h	(signature)	Ritmon Range	)
INSTRUCTIONS: Use types	writer or ball point pen. PL	EASE PRESS FIRMLY and	PRINT clear	ly. Please fill in blan	ks, underline or circle the	correct answers. Send top
three copies to Kansas Departr	nent of Health and Environn	nent, Bureau of Water, Geol	ogy Section,	1000 SW Jackson St	., Suite 420, Topeka, Kansa	as 66612-1367. Telephone
	to WATER WELL OW	NER and retain one f	or your re	cords. Fee of \$	5.00 for each construct	ed well. Visit us a
http://www.kdheks.gov/waterw	en/index.ntml.					