	CORRECTION(S) TO WAT (to rectify lacking or	r incorrect information)	
Location listed as:		County: MOMLS Location changed to:	
Section-Township-Range:	29-16-7	29-16-7E	
Fraction (¼ ¼ ¼):	NE	52 SW NE NE	
Other changes: Initial statem			
Changed to:			
Comments: \ull \ull	was plugged:	quarter callo added to	
location	n per addres	Sof well.	
verification method:	rogle Earth i KG	5 Mapping program	
		initials: QS date: 7/1	21
		initials: deade:	
submitted by: Kansas Geologic	cal Survey, Data Resources Library,	1930 Constant Ave., Lawrence, KS 66047-3726	
submitted by: Kansas Geologic to: Kansas Dept of Health & E	cal Survey, Data Resources Library, nvironment, Bureau of Water, 1000	1930 Constant Ave., Lawrence, KS 66047-3726 SW Jackson, Suite 420, Topeka, KS 66612-1367.	,
submitted by: Kansas Geologic to: Kansas Dept of Health & E	cal Survey, Data Resources Library, nvironment, Bureau of Water, 1000	1930 Constant Ave., Lawrence, KS 66047-3726	
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		RECORD		W W C-5			r Resources; App. No. ■				
		F WATER WELL:	Fraction NE(4)	1/4 1/4	Section N		Township Number T /6 S	Range Number R 7 E/W			
	County: $MOrris$ $NE(\frac{1}{4})$ Distance and direction from nearest town or city street address				Global Positioning Systems (decimal degrees, min. of 4 digits						
1	located within city?										
	Vor		wilsey		I .						
		LOWNER: Clare	hce E. S	umher	Elevation	1:					
KK#	, St. Addre	ss, box # · 312 V	orse Str	eet	Datum:						
City,	State, ZIP	Code : Wilses	1, KS 66	873	Data Col						
3 LOC	ATE WE		MPLETED WEL	L							
LOC	ATION										
WIT	H AN "X"	IN Depth(s) Groundwa						ft.			
SEC'	TION BO	X: WELL'S STATIC	WATER LEVEI	J 1	ft. below lan	d surface	e measured on mo/day	/yr			
	N						hours pumping				
		Est. Yield	gpm: Well wate	r was	ft. after		hours pumping	gpm			
NV	V X NE	WELL WATER TO	D BE USED AS:	5 Public water	supply	8 Air	conditioning 11 Inj	ection well			
w		E I Domestic 3					vatering 12 Otl				
] 1	2 Irrigation 4	Industrial /	Domestic (lawn	& garden)	10 Mor	nitoring well				
SV	V SE -	Was a shamical/had	eteriological sam	nle submitted to	Danartman	t? Vac	No;	If was molday/yrs			
							Yes No				
	S	- Sample was submit		** a	ci well dish	nected.	103	•••			
		DIC HOED AND	1.7	0.0		CACDI	C IODITC Class	Clara 1			
1	E OF CAS	ING USED: 5 Wroug 3 RMP (SR) 6 Asbes	ght Iron	9 Other (specif	ir halarri)	CASING	G JOINTS: Glued	Clamped			
		4 ABS 7 Fiberg			y below)		Threaded				
Plank or		eter in. to									
		e land surface									
		N OR PERFORATION MA			.103./16.	vv all till	exiless of gauge 110.				
	Steel			PVC 9	ABS		11 Other (Specify)				
	Brass	4 Galvanized Steal 6 C				ement					
SCREE	N OR PER	FORATION OPENINGS A		, ,				ŕ			
1 Continuous slot 3 Mill slot 5. Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)											
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)											
SCREE	N-PERFOI	RATED INTERVALS: Fro									
From ft. to ft., From ft. to ft.											
	GRAVEL	PACK INTERVALS: Fro									
		Fro	om	ft. to	ft.,	From	ft. to	It.			
6 GRO	UT MATI	ERIAL: 1 Neat cement	2 Cement grout	Bentonite	4 Other						
Grout In		From ft. to									
1		source of possible contami					,				
	Septic tank		es 7 Pit privy	10 Lives	tock pens	13 Ins	secticide Storage	16 Other (specify			
2	Sewer line	5 Cess pool	8 Sewage lag				oandoned water well	below)			
		sewer lines 6 Seepage p			izer Storage		l wll/gas well				
		1?		How ma	ny feet?						
FROM		LITHOLO	GIC LOG	FROI	M TO		PLUGGING INT	ERVALS			
0.0	3.0	Top Soil			, x		1				
				3.0	6.0	Ber	itorite P	lug			
6.0	19.0	Gravel, Sand -	+ Sub Soi			011	•				
				19.	75.0	CHI	orine + 5	and			
7.003	FD A CTC	DIC OD LANDOUMEDIC	CEDTIEICAT	TON. This	On 111	(1)	etmostad (2) management	atad all 2 -11			
		R'S OR LANDOWNER'S									
under my jurisdiction and was completed on (mo/day/year)											
Under the business name of Was a super well contractor's License No. Inis water well recored was completed on (mo/day/year) by (signature) & Bea Jitus - Hutchingson											
Under th	ic ousiness	name or			oy (signatu	10) X (W. Janes - N.	whenson			

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 <u>constructed</u> well.