CORRECTION(S) TO WATER WEL (to rectify lacking or incorrect	
Location listed as:	County: Morris Location changed to:
Section-Township-Range: 7-165-7E	7-165-8E
Fraction (1/4 1/4 1/4):	SW NE NE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Written description, Con	uncil Grove City Lake plat map,
and mapping tool & aerial photo o	on tas website.
verification method: Written description, Con and mapping tool & aerial photo o	initials: DRL date: 12/16/2009

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 RECO	RD	Form WWC-	5	Division	n of Water	Resources; App. No.	-		
1 LOCATION OF WATE County: Morris	R WELL:	Fraction Sw 1/4 NW 1/4 N J	= 1/4 E	Section N		Township Number T /6 S	Range Number R 7 EW		
Distance and direction from nearest town or city street address of well if located within city? He west and He Road North of Council Grove (C-11 Lake Road) Council Grove (C-11 Lake Road) Latitude: Longitude:									
North of Council	North of Council Grove (C-11 Lake Road) Longitude:								
2 WATER WELL OWNE	CR: Pat 3	ohnson 1	I	Elevation:					
RR#, St. Address, Box #		he Road	I	Datum:					
City, State, ZIP Code		ove, KS 6687		Data Col		Method:			
	DEPTH OF COMP	LETED WELL	/.33.		ft.				
LOCATION	12.4								
WITH AN "X" IN DO	Depth(s) Groundwater Encountered (1)								
SECTION BOX: W	WELL'S STATIC WATER LEVEL								
E E	st. Yield Z <i>Q</i> . t gpm	: Well water was		ft. after		hours pumping	gpm		
W W	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								
w	Domestic 3 Feed					atering 12 Otl			
	2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well								
swse	as a chemical/hacteri	ological sample subm	itted to D	enartment	t? Ves	No 🐆 .	If ves mo/day/vrs		
s	mpre was susmissed.								
5 TYPE OF CASING USE	D: 5 Wrought I	ron 8 Concr	rete tile		CASINO	JOINTS: Glued. X	Clamped		
1 Steel 3 RMP (S		Cement 9 Other	(specify b	elow)		Welded			
2 PVC 4 ABS	7 Fiberglass					Threaded	l		
Blank casing diameter	5 in. to	ft., Diameter	in	. to	ft.,	Diameter	in. toft.		
Casing height above land sur	face	in., Weight	lb	s./ft.	Wall thic	kness or guage No	>DR-49		
TYPE OF SCREEN OR PER 1 Steel 3 Stainles			OAT	25		11 Other (Specify)			
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)									
SCREEN OR PERFORATION		` ,	,			(op			
		auzed wrapped 7 T							
2 Louvered shutter 4	Key punched 6 W	ire wrapped & S	aw Cut	10 Othe	r (specif	y)			
SCREEN-PERFORATED INTERVALS: From. 1.0.0									
GRAVEL PACK IN	TERVALS: From	ft. to		ft	From	ft. to	ft.		
GIGTY EZ TATOLIA		ft. to							
6 GROUT MATERIAL:	Neat cement 20	Sement grout 3 Ber	itonite 4	Other		Епонь	A 40 A		
			г	τ. το	π	., From	п. юп.		
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify									
2 Sewer lines			1 Fuel sto	-		andoned water well	below)		
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well									
Direction from well?			low many	1	20				
FROM TO	LITHOLOGIC	LOG	FROM	TO	C /	PLUGGING INT	ERVALS		
0, 41/2 Fill	<u> </u>		119	119	Sh.				
	le Lite Gra		122	129	Frac				
11 12 Shar	= TANGBI		129	/33	LIM				
25 42 Sha		Red	/ _ /	7.5-		Z CF Fung	ATT		
42 79 Lime		dale Gray							
79 87 Sha	1 1//	Red							
87 105 Lini	7 - 7 - 7	lixt							
105 111 Sha									
7 CONTRACTORS OF LANDOW/NEDIS CEPTIFICATION. This water wall was (1) constructed (2) reconstructed or (2) plugged									
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) 24,29,09 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 2.1.6 This Water Well Record was completed on (mo/day/year) \$2021									
under the business name of Ziwa Water Well Dr. a by (signature) to sope 4. Zim							in		
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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. Visit us at									
http://www.kdheks.gov/waterwell/index.html.									