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

	County: Mta Mt
Location listed as:	Location changed to:
Section-Township-Range:	5-185-23E
Fraction (1/4 1/4 1/4):	SE NE NE
Other changes: Initial statements: Johnson County	,
Other changes: Initial statements: Johnson County Lat/Longs. are switched are	and.
Changed to: Miami County	
Comments: Address given in written desc	eription is owner's current
comments: Address given in written desc address, not well location.	ntracted Associated to dvill the well,
verification method: Phone call to Associate	
tool on KGS website.	
	initials: DRL date: _10/1/2010
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Cons	, ,

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

WATER WELL	RECORD	Form WWC-	-5	Divisio	n of Wate	r Resources; App. No. 1		
1 LOCATION OF	•	Fraction		Section N	umber	Township Number		
County: OH	vation from pagragt town or di	SE 1/4 NE 1/4 N	$\frac{74}{\text{oll if}}$	Slabal Par	itionina	T B S Systems (decimal decimal decimal)	R 23 (E)W	
located within cit	ection from nearest town or city? 14003 CRANDA 40	street address of wo	en n	Totitudo	Sitioning	Systems (decimal deg	grees, min. of 4 digits)	
located within ch	Leawrad KS. 667	714		Lanuae	_ 	4.88285		
2 WATER WELI	LOWNER: FREE ENR	DIV		Longitud	ie:	9.5/6/5	·or	
	s, Box # : 605 N. His			Elevation	n:	7 70		
City, State, ZIP			.	Datum:			A 17	
	+ ruepenach	ce, MO 6408	0	Data Col	lection l	Method: W65	94	
3 LOCATE WEL	L'S 4 DEPTH OF COME	PLETED WELL	ZSO		ft.		•	
LOCATION						_	_	
WITH AN "X"								
SECTION BOX	K: WELL'S STATIC WATER LEVEL							
N	Pump test data	: Well water was		ft. after	<u>.</u>	hours pumping.	gpm	
	Est. Yieldgpm							
NW NE X	WELL WATER TO B	E USED AS: 5 Publ	ic water si	upply	8 Air	conditioning 11 In	jection well	
W	1 p 1 Domestic 3 Fee	dlot 6 Oil field	water sup	ply	9 Dew	vatering (20)	ther (Specify below)	
	2 Irrigation 4 Ind	ustrial / Domesti	ic (lawn &	garden)	10 Mon	intoring well	Toscolly Gather	
SW SE					.0 **	h		
	Was a chemical/bacter	iological sample subn	nitted to D	epartmen	t? Yes.	No	f yes, mo/day/yrs	
	Sample was submitted.		. Water	well disii	nfected?	Yes No	••••	
S								
5 TYPE OF CASI	NG USED: 5 Wrought 1	fron 8 Conc	rete tile		CASINO	G JOINTS: Glued	Clamped	
	RMP (SR) 6 Asbestos-	Cement 9 Other	specify l	pelow)		Welded.	Ø	
2 PVC 4	ABS 7 Fiberglass 7	Cement 9 the	HDPF			Threade	d	
Blank casing diamet	er,	ft., Diameter	 in	. to	ft.,	Diameter	. in. toft.	
Casing height	Fland surface	in., Weight	ll	os./ft.	Wall thic	kness or guage No.	SPRI	
TYPE OF SCREEN	OR PERFORATION MATE	RIAL:						
1 Steel		glass 7 PVC						
l .		rete tile 8 RM (SR	(a) 10 A	sbestos-C	ement	12 None used (oper	n hole)	
	ORATION OPENINGS ARE							
	slot 3 Mill slot 5 G							
	utter 4 Key punched 6 W							
SCREEN-PERFOR	ATED INTERVALS: From.	ft. to		ft.,	From	ft. to	ft.	
	From	ft. to .		ft.,	From	ft. to .	ft.	
GRAVEL I	PACK INTERVALS: From.	ft. to .	:	 ft.,	From	ft. to .	ft.	
	From	ft. to .		ft.,	From	ft. to .	ft.	
6 CDOUT MATE	RIAL: 1 Neat cement 2	Compant amount (2 Day	ntanità	4 Othor				
Grout Intervals:	From	50 ft From	ntonne	tomer	A	From	A	
	source of possible contamination		1	ι. ιυ	10	, F10III	11. 1011.	
1 Septic tank	4 Lateral lines		10 Livesto	ak nana	12 Inc	secticide storage (16 Other (specify	
2 Sewer lines		1 -	1 Fuel sto			pandoned water well		
	ewer lines 6 Seepage pit		2 Fertilize			l well/gas well	ociow)	
Direction from well						7		
FROM TO	LITHOLOGIC		FROM	TO		PLUGGING INT		
	CIAIL	LOG	142		~/	/ PLUGGING INT	ERVALS	
0 12	CLAY			200	Shu	2	.,	
12 30	Limestone		200	205		cstone		
30 36	Shale, gray		205	2SU	She	4, gray		
36 42	Limgstow							
42 68	Shall, gray							
6B 72	Linesons				20	238		
72.82	Shell gray	,			10	250		
82 86	Linestons				10	226		
86 136	Shall gray				. –	7		
136 142 Limestonie gestlomi								
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/.39/20/. and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No This Water Well Record was completed on (n)o/day/year). B His Water Well Record was completed on (n)o/day/year).								
under the business name of Associated Unilla Fu by (signature)								
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS IRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or chief 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.								