CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

Location listed as:	County: Miami Location changed to:
Section-Township-Range: 6-185-25 E	6-185-25E
Fraction (1/4 1/4 1/4):	NE NE NE SE
Other changes: Initial statements: 30° 30′ 43.0″	N. Lat.
Changed to: 38° 30′ 43.0″	N. Lat. (NAD 27)
Comments:	
verification method: KGS Lat/Long Con VE	sion tool cross referencing
verification method: KGS Lat./Long converted legal description, and pos	sition on plat map.
	initials: QL date: 11/30/2007

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 RECORD	Form WWC-	3	Division	of Water	Resources; App. No. L		
1 LOCATION OF WATER WELL:	Fraction	/- !	Section Nu		Township Number		
County: Miami	NE1/4 NE 1/4 N		6		T 18s	R 25 E/W	
Distance and direction from nearest town or o			Hobal Posi	itioning 7	Systems (decimal de	grees, min. of 4 digits)	
located within city? 7 M1. S. Of	wastery,	ا احرح	Latitude:	$\frac{\mathcal{L}}{\mathcal{L}}$	0930'43.0	2"	
2 WATER WELL OWNER: James	Andous		Elevation:				
RR#, St. Address, Box # : 2795 //	orthchapel	Rd.	Datum:	15	040 4D Z7		
City, State, ZIP Code : Frank I	5 71/37N/		_			11/nit	
City, State, ZIP Code : Franklin 71/37067 Data Collection Method: Field Unit 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL							
LOCATION							
WITH AN "X" IN Depth(s) Groundwate	r Encountered (1)	160) ft. (2	2)	ft. (3).	ft.	
SECTION BOX: WELL'S STATIQ WATER LEVELft. below land surface measured on mo/day/yr							
N Pump test dat	a: Well water was		ft. after		hours pumping	gpm	
	m: Well water was						
1 Domostic) 2 Fo	BE USED AS: 5 Publi						
" " " " " " " " " "	dustrial 7 Domestic				atering 12 Ot		
		`			,		
Was a chemical/bacte	riological sample subm	itted to D	epartment?	Yes	No;	If yes, mo/day/yrs	
Sample was submitte	d	Water	well disinf	fected?	Yes .v No	••••	
S						•	
5 TYPE OF CASING USED: 5 Wrought	Iron 8 Conc	rete tile	(CASINO	JOINTS: Glued.	Clamped	
1 Steel 3 RMP (SR) 6 Asbesto	s-Cement 9 Other	(specify l	pelow)		Welded		
Blank casing diameter	SS	···········	a;	·	Threaded	1	
Blank casing diameter in. to in. to	ft., Diameter	> in	i. to	ft.,	Diameter	in. tott.	
Casing height above land surface TYPE OF SCREEN OR PERFORATION MAT			os./II. W	vali thic	kness or guage No.	and the	
	erglass 7 PVC	9 A	BS		11 Other (Specify)		
2 Brass 4 Galvanized Steal 6 Con				ement	12 None used (oper		
SCREEN OR PERFORATION OPENINGS AR	` ,	,			` `	,	
1 Continuous slot 3 Mill slot 5	Gauzed wrapped 7 T	orch cut	9 Drille	d holes	11 None (open h	iole)	
2 Louvered shutter 4 Key punched 6	Wire wrapped 8 S	aw Cut	10 Other	(specify	y)		
SCREEN-PERFORATED INTERVALS: From	ft. to	/.&	:tt., F	rom	ft. to	ft.	
GRAVEL PACK INTERVALS: From	ft. to	19	ft., F	rom From	ft to	ft	
	ft. to						
6 GROUT MATERIAL: 1 Neat cement 2	Cement grout 3 Ber	tonite	4 Other				
Grout Intervals: From	ft., From	1	t. to	ft	., From	ft. toft.	
What is the nearest source of possible contaminated 1 Septic tank 4 Lateral lines		0 Livesto	ak nans	12 Inc	ecticide Storage	16 Other (specify	
1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool		1 Fuel sto			andoned water well	below)	
3 Watertight sewer lines, 6 Seepage pit	9 Feedyard 1	2 Fertilize	er Storage	15_Oi	l well/gas well		
Direction from well?	H	low many	feet?!	150			
FROM TO LITHOLOGI		FROM	TO		PLUGGING INT	ERVALS	
0 16 419							
16 27 Limestone						W-114	
27 61, Shale							
61, 141 Sandy Shall							
141 100 Limestone			-				
160 165 Black Shale			+				
165 175 Limestone							
115 116 SMAIC							
7 CONTRACTOR'S OR LANDOWNER'S C	ERTIFICATION: Th	nis water v	well was 1	constr	ucted (2) reconstruc	ted, or (3) 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) 9/1.7							
Kansas Water Well Contractor's License No							
under the business name of Jesse Yorkum Well Drilly (signature)							
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.							