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

Location listed as:	Location changed to:
Section-Township-Range: 36 - 22 5 - 16	36-225-16E
Fraction (1/4 1/4 1/4): None Given	NE NE NE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Wellsite address, ar	ea road map, position
on plat map, and mapping tool &	aerial photos on Ras
WEDSITE.	initials: DR date: 6/9/2009

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.

LUCATION	OF WA	TER WEL	L:	Fraction		S			r Resources; Township	p Number	Range Numbe
County: C	o ffe	2		1/4	1/4	1/4	36		T 22	S	R 16 E
Distance and	direction	from neare	st town or	city street add	dress of well	if G	lobal Po	sitionin	g Systems	(decimal de	grees, min. of 4 dig
located within	city?						atitude:		.,		
			=11: =	1 - 10 10		L	ongitud	e:			
WATER WI	ELL OW	NER: Z	imer	Lenn	nann	\prime \leftarrow $^{\rm E}$	Elevation	:			
RR#, St. Add	Iress, Box	: ;	74 UI	nderwo	od Ild,		Datum:				
WATER WI RR#, St. Add City, State, Z LOCATE W	IP Code	L	e Roy,	h5 6	66857	Г	Data Coll	lection l	Method:		
LOCATE W	ELL'S	4 DEPTH	OF COM	PLETED WE	ELL			ft.			
LOCATION					_	_				. (2)	,
WITH AN "		Depth(s)	Groundwate	er Encountere	ed (1)	<u> </u>	. ft.	(2)	f	it. (3)	f
SECTION BO	OX:										y/yr
											gpı
	X			BE USED AS							ection well
NW N	E E		$\frac{1}{3}$ Fe	eedlot 6	6 Oil field w	ater supr	olv	9 Dew	atering	12 Otl	her (Specify belo
/	— E	2 Irrigatio									(~p*****, ****
	_					(_	
SW S	E	Was a che	mical/bacte	eriological sa	mple submit	tted to De	epartment	? Yes.	Ng	<i>A</i> ;	If yes, mo/day/y
		Sample w	as submitte	ed		Water	well disir	fected?	Yes,	No	
S			m					-	:		
TYPE OF CA	SING U	SED:	5 Wrough	t Iron	8 Concre	te tile		CASINO	G JOINTS:	Glued	Clamped
1 Steel	3 RMI	P(SR)	6 Asbesto	s-Cement							 L
2 PVC	4 ABS		7 Fibergla	<u>\$</u> \$						Threaded	1
lank casing dia	meter	in	. to	2. ft., Dia	meter	in.	to	ft.,	Diameter.		in. to
1	1 1	•									
				in., weig	ght	lb	s./ft.	Wall thic	kness or g	uage No	
YPE OF SCRE	EN OR F	ERFORA	ΓΙΟΝ MAT	in., weig ERIAL:	ght	lb				-	
TYPE OF SCRE 1 Steel	EN OR F 3 Stai	PERFORAT	ΓΙΟΝ ΜΑΤ 5 Fib	in., weig ERIAL: erglass	7. (VC)	lb	ss		11 Other	(Specify)	
TYPE OF SCRE 1 Steel 2 Brass	EN OR F 3 Stai 4 Galv	PERFORAT nless Steel vanized Ste	ΓΙΟΝ ΜΑΤ 5 Fib al 6 Cor	in., weight ERIAL: erglass acrete tile	ght	lb	ss		11 Other	(Specify)	
YPE OF SCRE 1 Steel 2 Brass CREEN OR PE	EN OR F 3 Stai 4 Galv ERFORA	PERFORAT nless Steel vanized Ste FION OPE	FION MAT 5 Fib al 6 Cor NINGS AF	in., weighter in., weigh	7. PVC 8 RM (SR)	9 AB	S bestos-C	ement	11 Other 12 None	(Specify) used (open	ı hole)
TYPE OF SCRE 1 Steel 2 Brass CREEN OR PE	EN OR F 3 Stai 4 Galv ERFORA' ous slot	PERFORATION OPE 3 Mill slo	FION MAT 5 Fib al 6 Cor NINGS AF ot 5.	in., weight ERIAL: erglass norete tile RE: Guazed wrap	ght 7 EVC 8 RM (SR) oped 7 Tor	9 AB 10 As	SS bestos-C 9 Drille	ement	11 Other 12 None	(Specify) used (open	n hole)
1 Steel 2 Brass CREEN OR PE	EN OR F 3 Stai 4 Galv ERFORA ous slot d shutter	PERFORAT nless Steel vanized Ste ITON OPE 3 Mill slo 4 Key pu	FION MAT 5 Fib al 6 Cor NINGS AF ot 5. nched 6	in., weight ERIAL: erglass acrete tile RE: Guazed wrapper Wire wrapper was not be to	76VC 8 RM (SR) oped 7 Tor	9 AB 10 As rch cut	SS Sbestos-C 9 Drille 10 Othe	ement ed holes	11 Other 12 None 11 No	(Specify) used (open one (open h	n hole)
1 Steel 2 Brass CREEN OR PE 1 Continue 2 Louvered CREEN-PERFO	EN OR F 3 Stai 4 Galv ERFORA' ous slot d shutter ORATED	PERFORATION OPE 3 Mill slo 4 Key pu 1 INTERVA	TION MAT 5 Fib al 6 Cor NINGS AF ot 5. nched 6 ALS: From From	in., weighter in., weigh	ght	9 AB 10 As rch cut w Cut	9 Drille 10 Othe	ement ed holes r (specif From From	11 Other 12 None 11 No	(Specify) used (open one (open h ft. to ft. to	n hole) nole)
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Under the business name of Jeffy which by (signature) by (signature) by (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.