CORRECTION(S) TO WATER WEL

Location listed as

(to rectify lacking or incorrect

Location listed as:
Section-Township-Range: 5-23-1E
Fraction (1/4 1/4 1/4):
Other changes: Initial statements: spelling of owner changed from Prairie Con to Prairie Con. UC per
Changed to: other records in some area.
Comments:
verification method: <u>quarter lacks changed per address of well</u> Local Earth map & K65 mapping sugram. initials: De date: <u>5/16/2011</u>

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 REC	CORD	Form W	WC-5	Division of Wat	er Resources App. N	0.	
1 LOCATION OF WATER WELL:		Fraction		Section Number		Range Number	
County: His - Ve	14 M W/4 Sc		3	т 23s	R / $Z = W$		
Street/Rural Address of Well Location; if unknown, distance & direction Global Positioning System (GPS) information							
from nearest town or in	wner's address, chec	Latitude: (in decimal degrees)					
					Longitude: (in decimal degrees)		
2 WATER WELL OWNER: Prarie Con. RR# Street Address Boy #: 50 0000				Elevation:	Elevation:		
2 WATER WELL OWNER: Programme (Can)				Datum: WGS 84, NAD 83, NAD 27 Collection Method:			
RR#, Street Address, Box #: 36 x 273-							
City, State, ZIP Code	D/3	Digital Map/Photo, Topographic Map, Land Survey					
City, State, ZIP Code Digital Map/Photo, Topographic Map, Land Survey							
3 LOCATE WELL							
WITH AN "X" IN	4 DEPTH OF C	OMPLETED WEL	L	ft	771		
SECTION BOX:	X: Depth(s) Groundwater Encountered (1)						
1	WELL SSIAIIC WATER LEVEL						
	Pump test data: Well water wasft. after						
NW NE							
X	Domestic	To be used As. [_ Fublic wat	er supply \square D	eoilleilliai [] i	Ther (Specify below)	
SWSE Domestic Feedlot Oil field water supply Dewatering Other (Specify below) Irrigation Industrial Domestic-lawn & garden Monitoring well							
Was a chemical/bacteriological sample submitted to Department? Yes No							
S If yes, mo/day/yr sample was submitted							
Water well disinfected? Yes No							
5 TYPE OF CACING II							
5 TYPE OF CASING U	SED: Steel	nad □ Waldad	Throade		•••••		
Casing diameter	Sin to	ft Diameter	in	to ft I	Diameter	in to ft	
CASING JOINTS:							
TYPE OF SCREEN OR	PERFOR A TION N	ATFRIAI	a.se. (2a.e.	105./10., *** all till	ickliess of gauge iv	0	
		APVC		Other (Specify)			
		☐ None used (open h	nole)	cuior (operary)			
SCREEN OR PERFORA			,				
Continuous slot	Mill slot	Gauze wrapped	Torch cut	Drilled holes	☐ None (open hol	e)	
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft.							
SCREEN-PERFORATED INTERVALS: From							
From							
GRAVEL PACK INTERVALS: From							
6 GROUT MATERIAL	· Neat cemet	t Cement grou	t ZHentor	ite			
	ft to	ft From	n 🔁 Delitoi	ft to ft	From	ft. toft.	
What is the nearest source				11. 10	, 110111	11. 10	
Septic tank							
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well							
Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well							
Direction from well			· · · · · · · · · · · · · · · · · · ·	from well	• • • • • • • • • • • • • • • • • • • •		
FROM TO	LITHOLOGI		FROM	TO LITHO. L	. <u>OG (cont.) or</u> PLU	GGING INTERVALS	
0 23 Cla	2007	y Cloxy					
23 32 Me	d Sand	, , , , , , , , , , , , , , , , , , ,					
32 54 13/10	o Shule						
54 65 Gra	ey 11		-				
63-13-131	Ve 11	7.7	 				
15 16 600	mbled S	hale Spi	WE Max	72.61			
0/10010							
11 90 600	cy Shall	€					
7 CONTRACTORS OF	LANDOWNED	CEDTIFICATIO	No This words	11 [7]			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (molder/weer)							
under my jurisdiction and was completed on (mo/day/year)							
under the business name of Backhuc Driffing by (signature) Kulk Bush kg							
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies							
(white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at							
Telephone 785-296-5522. Sen	d one copy to WATE						
http://www.kdheks.gov/waterwe	II/Index.html.						
NOA 028-1212							