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

County: Allen

Location listed as:

Section-Township-Range: 2-255-19F

Fraction (4444): NW NW NF

Other changes: Initial statements:

Comments:

Comments:

Verification method: Location and position on plat map given on later

Alugging record, and sequencing of wells in this series.

initials: All date: 3/15/2011

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.

Distance and disection from nearest sown or oby steet address of well flocated within oily? T.2.5 s P.2.5 s			WA	TER WELL REC	ORD	Form WWC-5	KSA 82a-	-1212 ID N	lo			
Delations and decelon from nearest lown or only stored address of well in located within city? MINCHE WELL DWINER AN IN SECTION BOX NO AN X IN				Fraction			Se	ction Number	Tow			
N. Washington N. Washingto	Distance an	d direction				f well if located	within city?					
RRA, St. Address, Box # County County Outs. St. Address, Box # County County Outs. County Outs.			NEH: K	KING		_						Property
Secretary Secr	1 '	•	# : Aller	1 County			- IN.	Washir	istorioa Apr	ard of Agriculture, Dication Number:	Division of W	/ater Resources
AN "X IN SECTION BOX. No. 1 Section 1	3 LOCATE V	WELL'S LC			OMPLET	ED WELL	54	ft. ELEVA	ATION:	1023		
Type OF SCHEEN OF PERFORATION MATERIAL: Size 3 Sharks (Shark) water was submitted to Department? Yes No. 11 Injection well water was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well pumping gorn was submitted to Department? Yes No. 11 Injection well and the Submitted to Department of the Was was submitted to Department was pumping gorn was submitted to Department of the Was was		SECTION		Depth(s) Groui								
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WELLWATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 12 Domestic 3 Feedbil 6 Oli field water supply 10 Monitoring with 12 Public (Seetly below) 2 Injection well 12 Injection well 13 Injection well 12 Injection well 14 Injection well 15 Injection well			X	Pul	mp test da	ata: Well wate	er was	ft.	after	hours	oumping	gpm
Both Domestic 3 Feedbot 6 Olf field water supply 9 Dewatering 12 Other (Specify below) 12 Other (Specify below) 12 Other (Specify below) 13 Other (Specify below) 14 Other (Specify below) 15 Other (Specify below) 1		NW	/-NE									
S TYPE OF BLANK CASING USED S Wrought iron S Carefield S S S S S S S S S		1	1									
TYPE OF BLANK CASING USED: 1 Steel 3 RIMP (SR) 6 Asbestor-Cement 7 Peur Steel 1 Steel 9 Other (specify below) Welded 2 Steel 1 Steel 3 RIMP (SR) 6 Asbestor-Cement 7 Peur Steel 1 Steel 3 RIMP (SR) 6 Asbestor-Cement 7 Peur Steel 1 Steel 8 RIMP (SR) 9 Other (specify below) Welded 2 Steel 1 Steel 1 Steel 1 Steel 3 Stainless Steel 5 Fiberglass 8 RIMP (SR) 1 O Asbestor-Cement 1 Steel 3 Stainless Steel 5 Fiberglass 8 RIMP (SR) 1 O Asbestor-Cement 1 Steel 3 Stainless Steel 5 Fiberglass 8 RIMP (SR) 1 O Asbestor-Cement 1 Steel 2 Brass 4 Galvanized Steel 5 Fiberglass 8 RIMP (SR) 1 O There (Specify) Steel 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 Pone used (open hole) SCREEN OR PERFORATION DEPONISS ARE 1 Concrete tile 9 ABS 10 Peur Steel Policy 1 Peur Steel	w	1	- <u> </u> E									
TYPE OF BLANK CASING USED: 1 Steel 3 RIMP (SR) 6 Asbestor-Cement 7 Peur Steel 1 Steel 9 Other (specify below) Welded 2 Steel 1 Steel 3 RIMP (SR) 6 Asbestor-Cement 7 Peur Steel 1 Steel 3 RIMP (SR) 6 Asbestor-Cement 7 Peur Steel 1 Steel 8 RIMP (SR) 9 Other (specify below) Welded 2 Steel 1 Steel 1 Steel 1 Steel 3 Stainless Steel 5 Fiberglass 8 RIMP (SR) 1 O Asbestor-Cement 1 Steel 3 Stainless Steel 5 Fiberglass 8 RIMP (SR) 1 O Asbestor-Cement 1 Steel 3 Stainless Steel 5 Fiberglass 8 RIMP (SR) 1 O Asbestor-Cement 1 Steel 2 Brass 4 Galvanized Steel 5 Fiberglass 8 RIMP (SR) 1 O There (Specify) Steel 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 Pone used (open hole) SCREEN OR PERFORATION DEPONISS ARE 1 Concrete tile 9 ABS 10 Peur Steel Policy 1 Peur Steel		SW	- SE	14/		la		D	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(1 (
1 Stell 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Worldod Type 2 PVC 4 ABS 1, in to 7 Fiberglass 7 Fiberglass 7 Fiberglass 1, in to 5.7 ft. Dia in to 1, Dia in to	was a chemical/bacteriological sample submitted to Department? Tes No, it yes, mo/day/yis sample wa											*
1 Steel 2 PVC 4 ABS 1, Form 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	5 TYPE O	F BLANK (ASING USED:		5 Wrou	ght iron	8 Concr	ete tile	CAS	ING JOINTS: Glu	ed Cl	amped
Blank casing diameter 2.1. In, 10. 5.7. It, Dia in, to the Casing height above and surface 2.1. In, weight in,	i		•	R)	6 Asbes	stos-Cement						
Casing height above lend surface. 24. in, weight the processing or guage No. TYPE OF SCREEN OF PERFORATION MATERIAL: 7 PVC 1 Screen 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 11 Other (Specify). 12 None used (open hole) 9 ABS SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 12 None used (open hole) 13 None used (open hole) 15 Continuous siot 6 Mill sot 6 Wire wrapped 9 Drilled holes 10 Other (specify). 18 None used (open hole) 10 Other (specify). 18 None used shutter 4 Key punched 7 Torch out 10 Other (specify). 18 None used shutter 4 Key punched 7 Torch out 10 Other (specify). 18 None used shutter 10 None (open hole) 11 None (open hole) 11 None (open hole) 11 None (open hole) 12 None used (open hole) 12 None used (open hole) 13 None (open hole) 13 None (open hole) 14 None (open hole) 15 None (o					7 Fiber	glass						
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 stainless Steel 6 Concrete tile 9 ABS 11 Other (Specify)	Blank casing	g diameter	<u>2</u>	in. to								
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 stainless Steel 6 Concrete tile 9 ABS 11 Other (Specify)	Casing heig	ht above la	nd surface	29	in., v	veight			. lbs./ft. Wa	ll thickness or gua	ge No	
2 Brass	TYPE OF S	CREEN OF	R PERFORATIO	N MATERIAL:				-				
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot Mill slot 6 Wire wrapped 9 Drilled holes 9 Drilled holes 11 None (open hole) 1 Continuous slot Mill slot 6 Wire wrapped 9 Drilled holes	_									• • • • • • • • • • • • • • • • • • • •		
1 Continuous slot					6 Conc	rete tile	9 AE	35		12 None used (o	pen nole)	
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ft. SCREEN-PERFORATED INTERVALS: From 12 ft. to 57 ft. From ft. to ft. From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 62 ft. to 49 ft. From ft. to ft. GRAVEL PACK INTERVALS: From 62 ft. to ft. From ft. Fr	SCREEN O	R PERFOR	_				• • •				11 None (open hole)
SCREEN-PERFORATED INTERVALS: From 1.2. ft. to 5.7. ft. From 1.5. ft. to 1.5. ft. From 1.5. ft. ft. ft. ft. ft. ft. ft. ft. ft. ft												4
From	2 Louve	ered shutte	r 4K		11					` ' ' '		
From th. to th. From th. to th. From th. To the total continuous from	SCREEN-P	ERFORATI	ED INTERVALS:	: From	b./-	ft. to	ノ/	ft., From	۱	ft. to	o	ft.
From th. to th. From th. to th. From th. To the total continuous from		DAVEL DA	CK INTEDVALO	From	1.2	ft. to	110	ft., From	۱	ft. t	o -	ft.
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	-	MAVELPA	JK IINI ERVALS	From		ft to	<i></i>	ווו., From ft From	1 1	π. τι ft to	ว า	ft
Grout Intervals: From												
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 13 Insecticide storage 15 Oil well/Gas well 16 Other (specify below) 17 ITHOLOGIC LOG 18 FROM 10 PLUGGING INTERVALS 19 Feedyard 10 ITHOLOGIC LOG 10 FROM 10 PLUGGING INTERVALS 11 Full storage 15 Oil well/Gas well 16 Other (specify below) 17 ITHOLOGIC LOG 18 FROM 19 PLUGGING INTERVALS 19 Standard	6 GROUT	MATERIA										
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 15 Oil well/Gas well 15 Oil well/Gas well 15 Oil well/Gas well 15 Oil well/Gas well 16 Other (specify below) 17 Insection from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS I 31 FLA L.5 31 FL GLAY SLAE 51 GLAY SLAE 51 STY CORT This Water well vas (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3.7.0.0.5. This Water Well Contractor's Licence No 2.5.5. INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRIMT clearly. Please fill in blanks, undertine or circle correct answers. Send top three copies to Kifnas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansass 66612-1367, Telephone 785-296-5522. Send one to Water, MELL CONTER and retain one for your	Grout Interv	als: Fror	n49	ft. to	ft.	., From	ft. 1	to	ft., Fro	om	ft. to	ft.
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Waterlight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well vas (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3 1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	What is the	nearest so	urce of possible	contamination:				10 Lives	tock pens	14 .	Abandoned v	vater well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Waterlight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well vas (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3 1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1 Septi	4 Late	ral lines	lines 7 Pit privy			11 Fuel:	storage	ge 15 Oil well/Gas well			
Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 31 51 G/04 5 6 6 51 51 9 COAT 51 9 C	2 Sewe	er lines	5 Cess	s pool				12 Fertil	izer storage			
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 31	3 Wate	rtight sewe	r lines 6 Seep	page pit		9 Feedyar	d	13 Insec	ticide stora	ge La	ad Fell	
FROM TO PLUGGING INTERVALS 31	Direction fro	m well?						How mai	ny feet?		•	*
31 519 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well vas (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3.50.55	FROM	ТО		LITHOLOGIC	LOG		FROM	то		PLUGGING II	NTERVALS	
31 519 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well vas (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3.50.55	0	71	TAN L.	5								
S1'4 S1'4 L3 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well vas (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)	31											
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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr) which was completed on (mo/day/yr) w	Si		COAL									
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)	51'4	24										
completed on (mo/day/year)		<i>J</i>	<u> </u>						 -			
completed on (mo/day/year)												
completed on (mo/day/year)					-							
completed on (mo/day/year)	-											· · · · · · · · · · · · · · · · · · ·
completed on (mo/day/year)		==										
completed on (mo/day/year)												
completed on (mo/day/year)												
completed on (mo/day/year)												
completed on (mo/day/year) 3-0-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 5 This Water Well Record was completed on (mo/day/yr) 3-0-0-5 by (signature) by (signature) 1 NSTRUCTIONS: 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 Kynsas 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												
completed on (mo/day/year)	-										· · · · · · · · · · · · · · · · · · ·	
completed on (mo/day/year)	-1											
Under the business name of 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	᠘ CONTRA	CTOR'S C	R LANDOWNE	R'S CERTIFICA	TION: Thi	s water well w	as (1) constr	ucted (2) rec	onstructed,	or (3) plugged un	der my juris	diction and was
Under the business name of 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	completed or	(mo/day/y	ear) <i>≾</i> ∫	2-05				and this re	ecord is true	to the best of my k	nowledge an	d belief. Kansas
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kinsas 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				Z.Q.Y		This Water	Well Record	was complete	ed on (mo/d	ay/yr) 5-10-6	<u>جر</u>	·
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	under the bu	siness nam	e of	7×5				by	(signature)	Buil H	will	, ,
			of Water, Geology Se	ction, 1000 SW Jacks								