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

Location listed as:	County: Alle 17 Location changed to:
Section-Township-Range: 2-255-19E	2-255-19E
Fraction (1/4 1/4 1/4): NE SW NW	2-255-19E NW SW NE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Position on plat map, los and locations of other wells i	
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co	initials: Del 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.

WATER WELL RECORD				Form	Form WWC-5 Division of Water Resources; App. No.					
1 LOCATION OF WATER WELL: County: Alen		Fraction		Section N		Township Number	Range Number			
County	y: <i>[7]</i>	<u>ren</u>	from magnest to	VE 1/4 8	14 NW1/4	Clabal Pa		T 25 S	R 19 DW	
Distance and direction from nearest town or city street address of well if located within city? 2 MATER WELL OWNER: Allen County Landful Elevation: RR#, St. Address, Box # : 1170 2800 St City, State, ZIP Code : 1170 2800 St Callesties Methods.										
		2 M	ik Emje	t Lahora -	1 mile South	Longitud				
2 WAT	ER WEI	LL OW	NER: Allei	1 County L	and Fill	Elevation	n:			
RR#,	St. Addre	ess, Box	# 1170	2800 St	_	Datum:				
		Code	Laha	rpe Ks t	6151	Data Col	llection 1	Method: MW 25		
3 LOCA		LL'S	4 DEPTH OF	COMPLETED W	ELL	[ft.	MW 25	R	
LOCA WITH	I AN "X'	, _{IN}	Depth(s) Grou	ndwater Encountere	d (1)	ft	(2)	ft (3)	ft.	
	ION BO									
	N	Pump test data: Well water wasft. after hours pumping gpm								
			Est. Yield	gpm: Well wat	er was	ft. after.		hours pumping	gpm	
NW	Y-NE	_	1 Domestic	3 Feedlot 6	6: 5 Public water of	supply	8 Air	conditioning 11 Injection 12 Other conditioning 12 Other conditions are conditioned as a second condition of the condition of	ection well	
w L	+-			4 Industrial 7	Domestic (lawn	& garden)	AT)Mor	nitoring well		
sw	SE -									
								No . ;		
	S	_	Sample was su	bmitted	Wai	ter well disi	nfected?	Yes No .>	»· • •	
5 TVDE		INC H	CED. 5 W	71.4 T	0. C 4.11		CACDI	C IODITC Cl 1		
1 St	OF CAS teel	ING US 3 RMP	SED: 5 W	rought Iron sbestos-Cement	8 Concrete tile	v helow)	CASING	G JOINTS: Glued Welded	Clamped	
(2)P	VC	4 ABS	7 Fi	berglass ,				Threaded	×	
Blank cas	ing diam	eter	in. to .	3.4 ft., Dian	neter	in. to	ft.,	Diameterkhness or guage No.	in. toft.	
Casing he	ight abov	e land s	surface3	.3 in., Weig	ght	lbs./ft.	Wall thic	kness or guage No. 💲	SCh. 40	
1	SCREE!		ERFORATION less Steel		O VC 9	ΔRS		11 Other (Specify) .		
[rass	4 Galv	anized Steal	6 Concrete tile	RM (SR) 10	Asbestos-C	Cement	12 None used (open	hole)	
		FORAT	TION OPENING	GS ARE:						
								11 None (open he		
SCREEN.	ouverea s .PERFOE	snuπer RATFD	INTERVALS:	G 6 Wire wrapped	ft to -34	l 10 Otne	r (specify From	r) ft. to		
Berazi	r Era or	UIIDD	IIII III III III III III III III III I	From	ft. to	ft.,	From	ft. to	ft.	
G	GRAVEL	PACK	INTERVALS:					ft. to ft. to		
				From	ft. to	ft.,	From	ft. to	ft.	
6 GROU	T MATI	ERIAL:	1 Neat ceme	ent 2 Cement grou	ıt Bentonite	4 Other	3	3		
Grout Inte	ervals:	Fron	n <i>ろ</i> .シー. f	t. to ft.,	From	. ft. to	fi	t., From	ft. toft.	
			of possible con		10.7		10.7		1601 (10	
	eptic tank ewer line:		4 Latera 5 Cess p	l lines 7 Pit privy ool 8 Sewage la		tock pens		secticide storage pandoned water well	16 Other (specify below)	
I .	atertight			ge pit 9 Feedyard		izer storage		well/gas well	And Fill	
FROM	TO	Λ.	LITHO	LOGIC LOG	FROM	OT N		PLUGGING INTI	RVALS	
0		BM	Gray							
د / ا	39	/ PAV	1 42							
			· · · · · · · · · · · · · · · · · · ·							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was N) constructed. (2) reconstructed. 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)										
Kansas Water Well Contractor's License No. 10.4 This Water Well Record was completed on (mo/day//year)										
				en PIFACE DDECC EIE	MI V and PRINT of	y (signatui	re)	, underline or circle he co	rrect answers Condition	
three copies	to Kansas l	Departme	nt of Health and E	nvironment, Bureau of W	ater, Geology Sectio	n, 1000 SW Ja	ickson St., S	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.										
			**							