County: E/K Fraction SE NW SE Sec. 10 T 31 S R 10 EW
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) (to rectify lacking or incorrect information)
Owner: Q Mart
Location was listed as: Location changed to:
Section-Township-Range: $10-305-10E$ $10-315-10E$
Fraction (1/4 1/4): SE NW SE SE NW SE
Other changes: Initial statements:
Changed to:
Comments:
Verification method: Written & legal descriptions, and mapping tool on KGS website.
initials: 2) Adate: 9/3/20/4
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.

		WA	TER WELL REC	ORD Form WWC-5		-1212 ID N	0		ngo Nico	nhor		
LOCATION	V OF WA	TER WELL:	Fraction		Section	n Number	Township Number	i _	ange Nun	_		
ounty:	EIK	<u> </u>	SE 14	NW 1/4 58		0	т 30	S R	10	O W		
stance and	direction	n from nearest to	own or city street	address of well if loca	ted within city	?						
52	20	E 315	MOLIN	R FS			<u> </u>					
WATER V	VELL OW	MER: Q n	net				Mw-	17 Jura Division	of Water	r Resources		
	#, St. Address, Box # : 5 Zo E 3 D						Board of Agriculture, Division of Water Resources Application Number:					
ty, State, Z			CINKIK	COMPLETED WELL	10 0	# ELEVAT						
			4 DEPTH OF C	OMPLETED WELL Iwater Encountered	18.3	/ ft 2)	.ft. 3		ft.		
AN "X" IN	SECTION	N BOX:	Depth(s) Ground	WATER LEVEL	ft. below	land surface	measured on mo/day/	yr				
T [1		WELLS STATIC	p test data: Well wate	r was	ft. af	ter h	ours pumping	g	gpm		
	1W	NE	Cat Viold	anm: Well wate	r was	ft. af	ter h	ours pumping	g	gpm		
'	1	NE	Bore Hole Diam	eter. 8.25. in. to	18	. 5 ft., a	nd	in. to .		ft.		
⊌ w		E	WELL WATER	TO BE USED AS: 5 F	Public water si	8 ylqqı	Air conditioning	11 Injection	well			
Σ VV	I ,	! []	1 Domestic	3 Feedlot 6 (Dil field water	supply 9	Dewatering	12 Other (S	Specify b	elow)		
	sw	_ / SE	2 Irrigation	4 Industrial 7	Domestic (lawn	& garden) 🐠	Monitoring well					
,	1	1	-	oacteriological sample su	hmittad to Den	artment? Yes	√ 2 : If	ves, mo/day/	yrs samı	ple was sub		
<u>'</u>	<u> </u>		was a chemicavi mitted	pacteriological sample su	Diffilled to Dep	Water	Well Disinfected? Ye	2 S		INU		
TVDE OF	BI ANK	CASING USED:	<u> </u>	5 Wrought iron	8 Concret		CASING JOINTS	S: Glued	Clam	ped		
1 Steel	DEAN	3 RMP (S		6 Asbestos-Cement	9 Other (specify below	v)		_			
CORVIC	•	4 ABS	•	7 Fiberglass				Threaded				
Blank casir	ng diamet	er 2	in. to 🔏	7ft., Dia	in.	to	ft., Dia	in.	to			
Cacina hai	aht ahove	a land surface	0	n., weight			ft. Wall thickness or g	auge No				
			TION MATERIAL		TEVO	>	10 Asbesto					
1 Steel	OOMELM	3 Stainles		5 Fiberglass		P (SR)		specify)				
2 Brass	3	4 Galvani	ized steel	6 Concrete tile	9 ABS			sed (open ho		on holo)		
SCREEN (OR PER	FORATION OPE			zed wrapped		8 Saw cut 9 Drilled holes	11 N	vone (ope	an noie)		
	nuous sl	-	Aill slo	7 Toro	wrapped b. cut		10 Other (specify)			ft		
	ered shu		Key punched	9 440	19	ft From		ft. to		ft		
SCREEN-	PERFOR	ATED INTERVA	From	ft. to		ft., From		ft. to		ft		
(GRAVEL	PACK INTERVA	ALS: From	3 ft. to	. /	ft., From	1	ft. to		t1		
			From	n. to .		II., FIOII	1					
GROUT	MATER	AL: 1 Neat	cement	2 ement grout	3 Benton	ite 4	Other					
_ Grout Inte	rvals: F	rom 	ft. to . 🧔	ft., From		to	ft., From					
What is th	What is the nearest source of possible contamination:					10 Lives	tock pens	14 Abandoned Water Well				
1 Septi	ic tank	4 Late	eral lines		7 Pit privy		storage	15 Oil well/Gas well 60ther (specify below)				
2 Sewe	er lines	5 Ces	ss pool	8 Sewage		12 Fertilizer storage		.250Down.qr.no.(Pn)				
3 Wate	ertight se	wer lines 6 See	page pit	9 Feedya	9 Feedyard			.Zsu Lourny . no. (44)				
Direction 1	rom well	?				How ma	ny teet?	GING INTER	VALS			
FROM	TO		LITHOLOGIC L	· · · · · · · · · · · · · · · · · · ·	FROM	то	PLUG	JING INTER	VALO			
0	/	V.S.	Clay Lo	42								
/	5.5	Thin	BRAINER	2.5								
5.5	7.5	hry 11	KERES SAL	by Stack								
75	18	LIMA	Stonie									
									,			
				ATIONIA TILI411	was (1) const	ructed (2) ro	constructed or (3) plu	aged under n	ny jurisdie	ction and wa		
7] CONTR	ACTOR'S	S OR LANDOW	NER'S CERTIFICA	ATION: This water well	was (1) const	and this rec	ord is true to the hest	of my knowle	dge and	belief. Kans		
completed	on (mo/	day/year)	(16/0,5		Noll Boord w	and this 1600 as completed	Lon (mo/day/yr)	7/20/0	94			
) 6	This Water	Well Mecold W	hu /	signature)	1	/			
under the	business	name of	DFS				7/	4	<u></u>			
INSTRUC	TIONS: Use	typewriter or ball point	pen. PLEASE PRESS I	FIRMLY and PRINT clearly. Plea	se fill in blanks, und	lerline or circle the	correct answers. Send top thr	ree copies to Kans for each construct	as Departme ed well	ent of Health and		
Environme	ent, Bureau o	of Water, Topeka, Kans	as 66620-0001. Telepho	ne 785-296-5524. Send one to \	VATER WELL OWN	ı⊨H and retain one	for your records. Fee of \$5.00	TO GUOTI CONSTITUCT				