	(to rectify lacking or incorrect information)							
Location listed as:			County: Cauley Location changed to:					
Section-Township-Range:	?-31s-3E		5-	315-3	IE			
	NE HE NE	NE NE NE						
Other changes: Initial states	nents:		•					
		,						
Changed to:								
Comments:								
verification method: PL	SS Geographic	data	conversion	tool un	Kirs web.			
Lat- Long	> 5-T-R							
•			ini	itials: 💆 P. d	ate: 1 31 200			
submitted by: Kansas Geolog	rical Survey, Data Resources L	ibrary, 1930 C	onstant Ave., Lawren	ice, KS 66047-3	3726			

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

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

WATER	WELL	RECORD	Form	wwc-5	5 [ources; App. No.		
1 LOCATION OF WATER WELL:		Fraction	NF 1/	NF 1/2	Section	n Number	Township Nur	nber	Range Number	
County: Cowley NE ½ NE ½ NE ½ Distance and direction from nearest town or city street address of well if located within city? 203 N. Clark, Udall KS Plaction Number Township Number Range Number Township Number Range Number Range Number Township Number Range Number Township Number Range Number Number Number Range Number Number							I			
2 WATER WELL OWNER: KDHE-BER RR#, St. Address, Box # : Robert Williams Property City, State, ZIP Code : U2-018-13335						Elevation: 1276.74 pin / 1276.14 toc Datum: Data Collection Method: legal survey				
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 30 ft.										
LOCA	TON					MW	10			
WITH	AN "X" II	N Depth(s) Groun	ndwater Enc	ountered 1			ft. 2		ft. 3 ₋	ft.
SECTI	ON BOX:									ny/yr 12/4/06
	N Pump test data: Well water was ft. after hours pumping gpt									ng gpm
Est. Yield gpm: Well water was ft. after hours pumping gpm NW—NE—WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									ng gpm	
Hw		WELL WATE	K IUBE U	SED AS: 3	Public	water su	ppiy & A. O Deu	ir conditioning	II IIĮ 2 Otbe	er (Specify below)
w		E 2 Irrigation 4	Industrial	7 Domestic	Maior Su	ıppıy ₹. garden		nitoring well	2 Ouic	(Specify below)
-sw	sE-	2 irrigation 4	maustrai	Domestic	(Iuwii c	z garacn) (())11101	mornig wen		
3,77		Was a chemica	l/bacteriolo	gical sample	e submit	ted to De	epartment?	Yes No	X ; I	f yes, mo/day/yrs
	Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Water Well Disinfected? Yes No X									
5 TYPE	OF CASIN	IG USED: 5	Wrought Ir	on	8 Cond	rete tile	CAS	SING JOINTS: (Glued	Clamped
1 Ste	5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded									i
(2) PV	C 4	4 ABS 7	Fiberglass				,		Thread	ed X
Blank casi	ng diamete	4 ABS 7 r 2 in. to	15 f	t., Dia		in. to	ft.	., Dia	in.	to ft.
Cusing non	E111 0010 W 10	ara sarrace	10., 11	OI SILL			lbs./ft. Wa	all thickness or g	auge N	lo.
LLABE OF	SCREEN	OR PERFORATION	NMATERI	AI.						
1 Ste	el 3 Stan	nless steel 5 Fi vanized steel 6 Co	berglass (V)PVC	9 10	ABS	s-Cement	11 Other (spe	(open	hole)
SCREEN	OR PERFO	RATION OPENIN	IGS ARE:							
1 Con	ntinuous slo	ot (3)Mill slot	5 Gua	ze wrapped	7 To	orch cut	9 Dril	led holes 11	None	(open hole)
1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 15 ft. to 30 ft. From ft. to ft.										
SCREEN-PERFORATED INTERVALS: From 15 ft. to 30 ft. From ft. to ft.										
From ft. to ft. From ft. to ft.										
UK.	GRAVEL PACK INTERVALS: From 13 ft. to 30 ft. From ft. to ft. From ft. to ft. From ft. From ft. to ft.									
(CDOI	TO NA A CORD	NAY 1 None	110111		11. to		(1) Odb -			, It.
6 GROU	T MATEI	RIAL: 1 Neat cer	nent 2 Ce	ment grout	(3) Be	ntonite	4)Otne	r cement, 0-3		
What is th	rvais ri	ource of possible co	ntamination	. FIOIII		11. 10	¹¹	. FIOIII		11. 10
	tic tank		nes 7 Pit p		10 Live	stock pe	ns 13 Ins	secticide Storage	;	16 Other (specify
	er lines	5 Cess poo				storage		andoned water v		below)
		er lines 6 Seepage	pit 9 Feed	yard			_	l well/ gas well		
Direction	from well?				How m	any feet?				
FROM	TO	LITHO	LOGIC LO	G	FRC	M T	0	PLUGGING	INTE	ERVALS
0	3	Soil						7		
8	8 13	Clay, brown, mois As above, green	st, no plasti	city, hard,						
13	30	As above, green						-		
	30	TD		198.50						
	P1488				-		Fluch	mount waiver l	ov D	Taylor
			····							
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. 757 This Water Well Record was completed on (mo/day/year) 12/22/06										
		e of Larsen & Ass				gnature) _			-	•
INSTRUCTIONS: Please fill in blanks 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. Visit us at http://www.kdheks.gov/waterwell.										