CORRECTION(S) TO WATER	` ' '
(to rectify lacking or in	County: Tack Son
Location listed as:	Location changed to:
Section-Township-Range: 30 - 65 - 15 E	30-65-16E
Section-Township-Range: 30 - 6 5 - 15 E Fraction (1/4 1/4 1/4): NE SW NW	NE SW NW
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Personal communica	ation from well owner.
	initials: Of date: 7/24/2007

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	ATER WELL REC	CORD	Form WWC-	5KSA 82	a-1212	iD No.				
1 1		TER WELL:	Fraction				Section Nu	umber	Township Numi	per	_	Number
	Jackson		NE 1/4	-		1/4	30		т 6	s	R 1	5E E/W
1			wn or city street			d within city	•					
2 mile	es east	t 1½ nor	th of Ho	lton								
		NER: Bill										
		# : 307	Iowa						Board of Agrice		vision of Wa	iter Resource
City, State,		Holt	on, Ks.	664	36				Application Nu			
									ON:			
AN "X" II	N SECTION N	BOX:							2			
	1	ı	WELLSSIAII	mn test	## LEVEL3 data: Well wa)π. I tar was	elow land	surtace ft af	measured on mo/da ter	y/yr houre nu	-1-1-3-	.2.00.2
	1	1							ter			
-	-NM -	- NE	WELL WATER	TO BE	USED AS: 5	Public water	er supply		3 Air conditioning	11 İnj	ection well	
,,,	i l	; <u> </u>	1 Domestic			Oil field wa					ther (Specify	
W	ı	 E	2 irrigation	4	muusman /	Domestic (iawii a ya	irueii) ii	Monitoring well			
	-sw	-										
	-300 -	- 3E	was a chemic	al/bacte	riological sampli	e submitted	o Departr		s Nox; I er Well Disinfected?		o/day/yrs sai	mple was sub No
	I		milled					vval	er wen Disiniecteu:	162 Y		NO
	<u> </u>											
5 TYPE 0		CASING USED: 3 RMP (SI			ought iron		crete tile er (specify	, bolow)	CASING JOINT			mped
2 PVC		4 ABS	n)		pestos-Cement erglass	9 000						
			in. to		3				ft., Dia			
									s./ft. Wall thickness			
		R PERFORATIO			•		PVC		10 Asbest			50
1 Stee	əl	3 Stainles			erglass		RMP (SR))				•••••
2 Bras	SS	4 Galvaniz	zed Steel	6 Co	ncrete tile	9	ABS		12 None u	sed (ope	en hole)	
SCREEN	OR PERFOR	RATION OPENI	NGS ARE:			azed wrappe	d		8 Saw cut		11 None (o	pen hole)
l	itinuous slot		fill slot			e wrapped ch cut			9 Drilled holes 10 Other (specify)			4
	vered shutte		(ey punched									
SCREEN-I	PERFORAT	ED INTERVALS										
(GRAVEL PA	CK INTERVALS										
			From	∠ •1 	ft. to		ft.	, From		ft. to .		ft
0 000	.T. 1.4.TED.								~			
	JT MATERIA				Cement grout		entonite		Other			
1		-	π. το 2.4 . contamination:		.π., From	Т			ft., From			
		•			7 Dit priv	.,		Livesto	•		oandoned wa	
	otic tank ver lines	5 Cess	ral lines		7 Pit priv 8 Sewag	•		Fuel sto	orage er storage		ii weii/Gas w ther (specify	
		er lines 6 Seep	•		9 Feedya	-						
Direction fr		Southea			3 i ccaye	ai G			feet? 250	······	1.1.1.1	•••••
FROM	TO	Southea	LITHOLOGI	CLOG		FROM	TO	- 1		SING INT	ΓERVALS	
0	2	top soi				1.100	+ '		1 2000			
2	12		sandy cl	2 17		-						-
12	27		Sandy CI 11ow mix		dv							
27	35		ndy shal		<u>ч</u>							
35	42		-cs-pea								****	
42	60	L	ndy shal	_								
		grey bo	y Gmaa							•		
CONTR	ACTOR'S C	R LANDOWNE	R'S CERTIFICA	TION:	This water well	was (1) cons	structed, ((2) recon	structed, or (3) plug	ged und	er my jurisdi	iction and wa
completed of	on (mo/day/y	rear)1.	1-13-200	2			and	this reco	ord is true to the best	of my kno	owledge and	l belief. Kansa:
								mpleted	on (mo/day/yr)1	11.8	-20.92	
junder the b	usiness nan	ne ot	O+	D J 4	14	T		by (si	gnature)	10 10	n BB SO	la.

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 records. Fee of \$5.00 for each constructed well.