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

w	rectify	lacking of	micorrect	mitorination)	
					Co

Location listed as:	County: Atchison Location changed to:
Section-Township-Range: 6-65-38 W	6-65-21E
Fraction (1/4 1/4 1/4):	SW NW NW
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Latitude & longitude, Street map, and Atchison Fast	written description, city
Street map, and Atchison East	1:24,000 topo. map. initials: PRJ date: 4/11/200

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.

VA	TER WELL RE	CORD N/NW-	5 Form WW	/C-5	Division	of Water	Resources;	App. No.		
1	LOCATION OF WA	TER WELL:	Fraction		Section Nu				Range Number	٦
	County: Atchise		1/4 1/4	1/4	6		T 6		R 38 E/W)
		from nearest town or			Global Pos	sitioning	Systems	decimal deg	rees, min. of 4 digits	
	located within city?				Latitude:	39 °	331 4	134	,	´
	20' South	of Commercial St	Atchisun K	S	Longitude	: 95	0071	72 -2		
2	WATER WELL OV	VNER: KOHE			Longitude Elevation:	: 5/1	2.41	~27.73		-
	RR#, St. Address, Bo	x# : 1000 SW J	Talken		Datum:		- 11			-
	City, State, ZIP Code	: Toppeka K	LS 66612		Data Coll	ection N	lethod:	CPS 5		٠
3	LOCATE WELL'S	4 DEPTH OF COM		35	Data Con	ft	icinou.	JU JU	urey	\dashv
	LOCATION LOCATION	+ DEI III OI COM	I LETED WELL			11.			/	
	WITH AN "X" IN	Depth(s) Groundwate	er Encountered (1)12	ft (2)	f	(3)	ft.	
	SECTION BOX:	WELL'S STATIC W	VATER LEVEL	12 fi	below land	d surface	measured	on mo/day.		
	N	Pump test da	ata: Well water was	S	ft. after		hours	numping	gnm	
		Est. Yieldgr								
		WELL WATER TO								
W	NWNE E			ield water su					er (Specify below)	
••		2 Irrigation 4 In						ı		
	SW SE				, (_		
	SW SE	Was a chemical/bact	eriological sample s	submitted to	Department ^a	? Yes	No	·; ;	If yes, mo/day/yrs	
	X	Sample was submitte								
	S									
5 '	TYPE OF CASING I	USED: 5 Wrough	nt Iron 8 C	Concrete tile		CASING	JOINTS:	Glued	Clamped	
•			os-Cement 9 O			0,101110	, , , , , , , , , , , , , , , , , , , ,		Clampea	- 1
	2 VC 4 AB								×	
Bla	ank casing diameter	2 in. to								
Ca	sing height above land	l surfaceO	in., weight		.lbs./ft. V	Wall thic	kness or g	uage No		
TY	PE OF SCREEN OR	PERFORATION MAT	ΓERIAL:				0			
		inless Steel 5 Fib	perglass 7PVC		ABS		11 Other	(Specify).		
	2 Brass 4 Ga	lvanized Steal 6 Con	ncrete tile 8 RM	(SR) 10	Asbestos-Co	ement		used (open		
SC	REEN OR PERFORA	ATION OPENINGS AI	RE:						•	
	1 Continuous slot		Guazed wrapped							
	2 Louvered shutter	4 Key punched 6	Wire wrapped	8 Saw Cut	10 Other	r (specify	·)			
SC	CREEN-PERFORATE	D INTERVALS: Fron								
		Fron	n ft.	to	ft., l	From		ft. to	ft.	
	GRAVEL PAC	K INTERVALS: From								
		Fron	n ft.	to	ft., l	From	• • • • • • • • • • • • • • • • • • • •	ft. to	ft.	
6	CDOUT MATERIA	1 Neat coment	2 Coment grout	Dontonito	4 Other					
Gr	out Intervals: From	L: 1 Neat cement	ft., From	Bentonne	f to		Erom		ft to ft	
		ce of possible contamin			. 11. 10	11.	., FIOIII		11. 1011.	
** !	1 Septic tank	4 Lateral lines		10 Lives	tock pens	13 Inc	ecticide St	orage	16 Other (specify	
	2 Sewer lines	5 Cess pool	8 Sewage lagoon				andoned w	-	below)	
	3 Watertight sewer		9 Feedyard		zer Storage		wll/gas w		ociow)	
Di		······					_			
	ROM TO	LITHOLOG		FRON				GING INTE		
		LAY	200	111011	10		1200	31110 11111		_
		AND								_
	28 35 6	1 11								_
										_
_										_
										_
										_
										_
_										_
7	CONTRACTORS	R LANDOWNER'S	CEDTIFICATION	J. This west	or woll	(1) 2000	truoted (2) raconatu-	otad or (2) pluses	<u>_</u>
/ \	der my juriediction on	id was completed on (1	mo/day/yaar)	126/05	this rece	(1) cons	to the be	t of my la	ovledge and halie	u f
W.	ancas Water Well Cont	tractor's License No.	70 4 This W	ater Well D	nored was a	iu is ifue	to the bes	ov/veer)	owicage and benef	••
Kansas Water Well Contractor's License No. 7.0 This Water Well Recored was completed on (mo/day/year)										
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill intellines, 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.										
										_