	CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information) County: Location changed to:							
Section-Township-Range: 10 - 65 - 3E Fraction (1/4 1/4 1/4): 5W 5W NW	10-65-3W NW NW SW							
Other changes: Initial statements:								
Changed to:								
Comments:								

written & legal descriptions, position on plat map, street map on internet, and Concordia 1:24,000 topo. map initials: PR date: 10/14/2005 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.

			VEN WELL NE	COND	FOIIII	VV VV C-5	NOM 02	2a-1212 ID N			
	TION OF WAT		Fraction		Lr	NN	{	Section Number も		hip Number	Range Number
County:	- co uq			4 3	U 1/4				<u> </u>	6 8)	R 3 E W
Distance and direction from nearest town or city street address of well it located within city? From concocdis on 87 Hay to east on											
18700	knile t	hen Sow	H/3kile	on	tcb	or #0 15	of the	ch/shile	south	on150	
2 WATE	R WELL OWN	،ER: ÞQاور ،	+ Made	Vn.	5we	uson		-			
RR#. St.	Address, Box	: 1688	N- 100 Y	F 50+	h Rd				Board	of Agriculture [Division of Water Resources
	, ZIP Code		scdia			6690	1			ation Number:	and a second sec
		CATION WITH					'ਚ	ft ELEVA			
	IN SECTION E										
AIX A	N SECTION I	JOX.	Depth(s) Grou			itered 1.	<i>0J</i>	Π.	2	π. 3	5 ft.
	1	ı	WELLSSIAI	imn test	data. /	Nation water w	II. L	elow land sunac	e measureu (on mo/day/yr houre n	pumping gpm
<u> </u>	p 1	1	Est. Yield	5	anm: \	Nell water w	vas vas	ft s	after	hours p	oumping gpm
-	-NW	- NE	WELL WATER	R TO BE	USED A	S: 5 Pu		er supply	8 Air condit		njection well
	1	1	Domesti		Feedlot			ter supply	9 Dewaterir	•	Other (Specify below)
l w⊢		¦ E	2 Irrigation	1 4	Industria	al 7 Do	mestic (lawn & garden)	10 Monitorin	g well	
	i	;									
_	-sw	- SE	Was a chemic	al/hactar	iologica	l cample cul	hmittad	o Donartmont? V	/os No	· If woo n	no/day/yrs sample was sub-
	1	<u> </u>	mitted	airbactei	lologica	i sample sui	omittea		ater Well Disi		no/day/yrs sample was sub- No
	1	1	miled					***	ater Well Disi	illected. Tes	T¥O
	S					A-185					
5 TYPE	OF BLANK C	ASING USED:		5 Wro	ought iro	n	8 Con	crete tile	CASIN	G JOINTS: Glue	d Clamped
1 Ste	el	3 RMP (SR	₹)		estos-C	ement	9 Othe	er (specify below))	Weld	led
2 PV		4 ABS 🧹		7 Fibe	erglass						aded
Blank cas	ing diameter .		in, to	. 1/4	f	t., Dia		in. to	f	t., Dia	ft.
Casing he	ight above lar	d surface		in.,	weight	Sch 4	.d		lbs./ft. Wall th	nickness or guag	je No
TYPE OF	SCREEN OR	PERFORATION				• , ,	_	2VC		Asbestos-Cem	
1 Ste		3 Stainless		5 Fibe	erglass		8 1	RMP (SR))
2 Bra	ss	4 Galvanize	ed Steel	6 Con	ncrete til	е	9 /	ABS	12	None used (or	en hole)
SCREEN	OR PERFOR	ATION OPENIN	GS ARE	e à		5 Guazed	wranna	d	8 Saw cut		11 None (open hole)
	ntinuous slot	3 Mi	ill slot	200		6 Wire wr		u	9 Drilled h		i None (open note)
	ivered shutter	4 Ke	ey punched			7 Torch cu					ft.
				114		. 136	1		•	,	
SCHEEN-	PERFORATE	D INTERVALS:				الد. الد. ft. toا	.	ft., From	•••••	ft. to	ft.
	GRAVEL PAC	K INTERVALS:	From	25		π. το	4	π., From		π. το	ft.
	GITAVEETAG	KINTERVALO.									ft.
							•••••				
6 GRO	JT MATERIAL	: 1 Neat	cement	2 C	ement c	rout	(3 Be	entonito 4	Other		
Grout Inte	rvals: From	5	کے ⊆ ft. to	5	ft. Fron	, 1	f	to	ft From		ft. toft.
What is th	e nearest sou	rce of possible of	contamination:		,			10 Livesto	nck nens	1.4 Δ	bandoned water well
	otic tank	Taller.			7	Pit privy		11 Fuel st	•		oil well/Gas well
	wer lines		_						•		
		5 Cess	•			Sewage lag	oon		er storage	(1.16)	Other (specify below)
		lines 6 Seepa	age pit		9	Feedyard			cide storage	1.2.1	ecal Tield
Direction f	rom well?	outh						How man	y feet? 5	0	
FROM	то		LITHOLOGIC	C LOG			FROM	TO		PLUGGING IN	TERVALS
_	1	TOP	Soil								
1	43	Brown	6 Clas	1							
43	45	1 5000	Lake /	7							
45	55	(Ca /1		a l							
-55	59	- Telle	- C- W - C	<u>are</u>							
	7	Cimi	ENTON!	L				+ +			
59	81	July	shale					+			
81	134	Sano	LStor	10							
	 										
7											
△ CONTR	ACTOR'S OF	LANDOWNER	CEBTIFICA	ZION: TI	his w ate	r well was	(1) cons	trusted, (2) recor	nstructed, or	(3) plugged und	er my jurisdiction and was
completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas											
			۵/		Th			d was completed			8 / 2005
under the b	usiness name	of ## 11 = ==	en hi	+/1	Dall	1.50		-	ignature)	Lann	a//wnPl
INSTRUCT	FIONS: Use typewi	iter or ball point pen.	. PLEASE PRESS F	IRMLY and	PRINT cla	arly. Place fill i	n blanks.	inderline or circle the c	orrect answers	end top three conies	Kansas Department of Health
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Place fill in blanks, underline or circle the correct answers. Send top three copies of 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 WATERWELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.											
records. Fe	DS9 10f UU.C¢ 10 95	n <u>constructed</u> well.									