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

(to rectify lacking or incorrect information)

	(to rectify lacking of incorrec	County: Jack son
Location listed as:		Location changed to:
Section-Township-Range: 26	-75-16E	35-75-16E
Fraction (1/4 1/4 1/4):	NENW	NW NE NW
Other changes: Initial statements:		
Changed to:		
Comments:		
verification method: Written	t legal descr	iptions, county ownership mag
and aerial photo	on KGS webs	ite.
		initials: DR1 date: 9/7/2005
submitted by: Kansas Geological Survey,	Data Resources Library, 1930 C	r ·

to: Kansas Dant of Haalth & Environment Duragu of Water 1000 SW Jackson Suite 420 Tanaka KS 66612 1267

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well: 1. Social marker 2. Distance and direction from nearest now or city. 5 N + 1.5 E 2. Observed and direction from nearest now or city. 5 N + 1.5 E 3. Owner of well: 1 T					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ropeka, Kansa	1 00020			
2. Disturce and direction from nearest from or city. SN + 1.5 E 3. Owner and selection from city. SN + 1.5 E 3.		County	Fraction		ection	number	Township number	Range n	umber			
2. Disturce and direction from newest from or city. 5N + 1.5 E Street address of well location if in city. 6F DENISON 3. Owner of well. E 1. Owner of well of the well owner or of well. E 1. Owner of well of the well owner or of the policy of the well of the well owner or of the policy of the well of the well owner or of the policy of the well of the w	1. Location of well:	JACKSON	NE 1/4 NE 1/4 NU	1/4	67	26	т 7			@ ₩		
Street oddress of well location if in city: OF DENISON (Inc., state, zip code: Startch map: HOUSE New holds dia, ALD in: Complain date Well daught, A. In. 300 To	2. Distance and dire			3. Ow	ner of wel	: E\	mer Tho	m P50	ri ·			
Accords with XX in section below: Section According with According	Street address of well	l location if in city: OF De	NISON	R.R. o	r street:					119		
Top Soll Yellow Clay Yellow Clay Fine Sonn-Course Sand (Clean) 15 Signesses 22 Stargin 10 Street Brown of Soll-Soll-Soll-Soll-Soll-Soll-Soll-Soll	4. Locate with "X"	in section below:	Sketch map:				Bore hole dia. 🖊 🗸	in. Completi	ion date 📖			
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TANK Irrigation Air conditioning Stock Other	1 T	NE			-	PT/					İ	
SN SS SS SS SS SS SS SS	# w i	E ^										
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Top Source Sour	sw	SE		1 B	ARN							
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5. Type and color of material From To 10	,											
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Top Soll Yellow Clax S 15 Singauze D25 Length 10 Ser between 5 ft. and 2 ft. Fire Sond Course Sond (Clear) 15 Ser between 5 ft. and 2 ft. Grovel pock? I Size range of material 202 tt. Blue Clay 25 S1 S11. Static water level: In below load surfaces App Test T ft. after hrs. pumping 9.p.m. Ft. after hrs. pumping 9.p.m. Estimated maximum yield 9.p.p.m. S1. Water sample submitted: mo. /day/yr. Yes No Date 14. Well lined completion: CapPed Pittes adapter 24 Inches doors grade 15. Well gouted? I With: Nest cement Bentonite Concrete Depth From 9 ft. of 1/2 ft. Size range of possible gontamination; If. door Direction I Type III Well disinced upon completion? Yes No 17. Pump: Not installed Manufacturer's name Model number Well disinced upon completion? Yes No 17. Pump: Not installed Manufacturer's name Model number Length of drop pipe 1 ft. capacity 9.p.m. Type: Submersible I turbine Jength of drop pipe 1 ft. capacity 9.p.m. Type: Submersible Turbine Jength of drop pipe 1 ft. capacity 9.p.m. Type: Submersible I Turbine Jength of drop pipe 1 ft. capacity 9.p.m. This will use difficult outer my jurisdiction and this report is true to the best of my knowledge and belief. Services Research No. Address Response Date States Date S					+	_					l	
4 Ellow Clax 5 Solybours 1925 Length 12 5 Solybours 19 n. and 25 ft. ft. static water level:		TOP SOIL			0	5	Type QVC	Dia	5''			
Fine Servis Course Sand (Clear) Bive Clay 11. Static water level: 12. Pumping level below land surface: Date 50-75 12. Pumping level below land surface: AIR Test 13. Water sample submitted: 14. Well head completion: Care 15. Well ground? 16. Nearest source of possible gantamination; fit. AD Direction 17. Pumping 16. Nearest source of possible gantamination; fit. AD Direction 17. Pumping 17. Pumping 18. Elevation: 17. Pumping 18. Pumping 18. Elevation: 19. Remarks: 18. Direction 19. Remarks: 19. Re					س ا	ا سرر ا			10			
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12. Pumping level below land surfaces: #1/R Test ft. after hrs. pumping g.p.m.		Blue Clay			25	38 ²		d surface Date				
ft. after hrs. pumping g.p.m.		,							•			
Estimated maximum yield	-					1.	ft. after	hrs. pumpir	ng	_ g.p.m.		
13. Water sample submitted: mo./day/yr. Yes No Date 14. Well head completion: Capted 14. Well head completion: Capted 15. Well grouted? 15. Well grouted? 15. Well grouted? 16. Nearest source of possible gentamination: fr. 16. Nearest source of possible gentamina					<u> </u>	ļ			"g/0			
Yes No Date 14. Well head completion: CAPED Pitters adapter 24 Inches above grade 15. Well grouted?									mo		1	
Pitless adapter 24 Inches above grade 15. Well grouted? With: Near cement Bentonite Concrete Depth: From D. ft. to JO ft. 16. Nearest source of possible contamination: 17. Pump: Well disinfected upon completion? Yes No 17. Pump: Not installed Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine Jet Reciprocating Centrifugal 18. Elevation: 19. Remarks: Livier 10 Tis Till 5 D.b 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Signed DRhg Co Time ISE Signed DRhg Co Tim							- · /]	
With: Neat cement Bentonite Concrete Depth: From O ft. to I ft. 16. Nearest source of possible contamination: Ft. ADO Direction Type: No Direction Type: No No No No Not installed Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine Jet Reciprocating Centrifugal Other 18. Elevation: 19. Remarks: Lungar To Tas Tall STALL 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Signed Dake Co Tac 182 Si					-			n: CAPPO <u>24</u> In	ches above	grade		
Depth: From ft. to ft. Depth: From ft. to ft.					+	-	15. Well grouted?				11	
Well disinfected upon completion? Yes No 17. Pump:						-	With: Neat cement Depth: Fromft	Benton . to f	ite it.	Concrete	- -	
Well disinfected upon completion? Yes No 17. Pump:						<u> </u>	16. Nearest source of po	ssible contamir	ation:	PTICTO	NK'	
Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine Jet Reciprocating Centrifugal Other 19. Remarks: Topography: Hill Slope Upland Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.p.m. Type: 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. STRADED DRAG (6) True 18 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							Well disinfected upon co	mpletion?	<u> </u>	No	1 1	
Model number							1 '	<u>J</u> No	t installed			
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Submersible Turbine											₹	
(Use a second sheet if needed) 18. Elevation: 19. Remarks: 19. Remark							1 "					
(Use a second sheet if needed) 18. Elevation: 19. Remarks: 19. Remark					1	ļ	4	-			18	
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Slope Upland This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. STRYLOP DRIVE (**) The 182 License No. Signed Drive Calmer Date 3074		(Use a second	sheet if needed)				<u> </u>			_	ر ا	
Topography: Hill Slope Upland Signed Date Calendar Date 3074 Signed Signed Date 3074 Signed	18. Elevation:	19. Remarks:	10 Tustall	sla	Ь		i]	
Topography: Limit Standon Dake Co Tree 182 Standon Date 182 Standon	1284	Owner		, 4						is report		
Whill Slope Upland Business name Address PI Ho / Ton	Topography:						أحما بالساسا		Tne	182	121	
Upland Signed Des Centres Date 3074	Hill						Business name	175	k. Li	cense No.		
3igned +	I — ·						Address	2/24	(·)	1.20 7	4	
							Signed Authorize	d representativ	Date	1-30%] []	

Forward the white, blue and pink copies to the Department of Health and Environment $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$

Form WWC-5

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