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

Location listed as:	County: R'/e V Location changed to:
Section-Township-Range: 36-65-8F	36-85-6E
Fraction (1/4 1/4 1/4): SE SE SW	SE SE SW
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Written & legal description and Riley & Olsburg SW 1:24,0	tions, position on plat map,
and Riley & Olsburg SW 1:24,0	00 topo maps.
<u> </u>	initials: DRL date: 9/8/2005
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 T T T T T T T T T T T T T T T T T

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.

14	ATER WELL BEC	CORD Form WWC.5	KSV 835-	1010 ID I	Mo		
1 LOCATION OF WATER WELL:	/ATER WELL REC	CORD Form WWC-5	KSA 82a-1 Sec	1212 ID Notion Number		ımber	Range Number
County: Riley		SE ¼ SW ¼		36	т 6	s	R 8 (E)W
Distance and direction from nearest to					auth.		
6 East of Riley, KS 2 WATER WELL OWNER: J.R.	3 Tavlor						
RR#, St. Address, Box # : 128 City, State, ZIP Code : June	W 18th St	v. KS 66441			Application N	Number:	ivision of Water Resources
3 LOCATE WELL'S LOCATION WITH	4 DEPTH OF C	OMPLETED WELL1		ft. ELEV/	ATION:		
AN "X" IN SECTION BOX:	Depth(s) Group	ndwater Encountered 1	1	ft	ft. 2	ft. 3	ft.
N I	WELL'S STATIC	C WATER LEVEL!	?ft. belo	ow land surfac	ace measured on mo/	/day/yrb	1/8/05
	Fet Vield	mp test data: Well water	was	π. ft	after	hours pu	umpinggpm
NW NE	I		Public water s		8 Air conditioning		jection well
	1 Domestic	3 Feedlot 6 O	Dil field water	r supply	9 Dewatering	12 Ot	ther (Specify below)
W	2 Irrigation	4 Industrial 7 D	omestic (law	n & garden)	10 Monitoring well	••••••	
					+		
SW SE	Was a chemical mitted	l/bacteriological sample s	ubmitted to [Yes No Nater Well Disinfected		o/day/yrs sample was sub- k No
S TYPE OF PLANK CASING HEED		- 144	2 Camer	-1-49-	CACING IOI	NTO: Ohior	. + 01
5 TYPE OF BLANK CASING USED 1 Steel 3 RMP (S		5 Wrought iron 6 Asbestos-Cement	8 Concre 9 Other (ete tile (specify below			d* Clampeded
2 PVC 4 ABS	וחנ	7 Fiberglass			w)		aded
Blank casing diameter5	in. to	120 ft., Dia		in. to	ft., Dia	a	ft.
Casing height above land surface	1.8	in., weight2	.0.0		lbs./ft. Wall thickne	ss or guage	e No. • 2.6.5
TYPE OF SCREEN OR PERFORATION		-	<u>7 PV</u>	/C	10 Asbe	estos-Ceme	ent
1 Steel 3 Stainles 2 Brass 4 Galvani	ess Steel nized Steel	5 Fiberglass6 Concrete tile	8 RM 9 ABS	MP (SR) BS		er (Specify) ne used (ope	en hole)
SCREEN OR PERFORATION OPENI	INGS ARE:		ed wrapped		8 Saw cut		11 None (open hole)
	Mill slot		wrapped		9 Drilled holes		4
2 Louvered shutter 4 h	Key punched	7 Torch (`		ft.
SCREEN-PERFORATED INTERVALS	S: From	120 ft. to1	30	ft., From	n 150	ft. to	160 ft.
GRAVEL PACK INTERVALS	From	30 ft. to	60	ft., From	Λ	ft. to	ft.
GRAVEL PAOR INTELLANCE	From	ft. to	.у.у	ft. Fron	1 n	ft. to	tt.
			7000		P-six		
	eat cement	2 Cement grout					
Grout Intervals: From5							
What is the nearest source of possible				10 Lives			bandoned water well
	teral lines	7 Pit privy		11 Fuel	•		oil well/Gas well
1	ss pool	8 Sewage la	_		ilizer storage		Other (specify below)
3 Watertight sewer lines 6 See		9 Feedyard			ecticide storage		······································
Direction from well? None Pr				How ma		CONTO IN	
FROM TO	LITHOLOGIC		FROM	ТО	PLU	JGGING INT	rervals
0 54 Limesto		le					
54 59 Gray Sh			+				
59 71 Red Sha				-			
71 89 Gray Sh							
89 97 Limesto							1-1-1-1-1
97 107 Gray Sh			 				
107 111 Red Sha							
111 117 Gray Sh							
117 123 Limesto				-			
132 162 Gray Sh	iare						
							
							Modelin
							
CONTRACTOR'S OR LANDOWNI	ER'S CERTIFICAT	.TION: This water well wa	s (1) constru	ucted, (2) rec	constructed, or (3) pl	lugged und	er my jurisdiction and was
completed on (mo/day/year)6./.8	3/05	T' - Mate		and this re	ecord is true to the be	est of my kn	owledge and belief. Kansas
Water Well Contractor's Licence No			Nell Record			9.1.4.4	17.05
under the business name of Blue					(signature)	_\$\$	ih
INSTRUCTIONS: Use typewriter or ball point p	pen. PLEASE PRESS F	IRMLY and PRINT clearly. Please	fill in blanks, unr	derline or circle th	ie correct answers. Send to	p three copies	to Kansas Department of Health