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

County: Location listed as:

Section-Township-Range:

Fraction (1/4 1/4 1/4):

Other changes: Initial statements: Latitude Longitude Charlinates given

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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.

| WATER WELL RECORD | Form WWC-5 | Division of Wate | er Resources; App. No.∟ | |
|---|-----------------------------|-----------------------|--------------------------|---------------------|
| 1 LOCATION OF WATER WELL: | Fraction CO+#6 | Section Number | Township Number | |
| County: Leavenworth | NW14 NW1/4 SE 1/4 | 17 | T 9 S | R 23 (E)W |
| Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of 4 digit | | | | |
| located within city? | Latitude: 39 | Latitude: 39,° 15.902 | | |
| | Longitude: 94° 52.112' | | | |
| 2 WATER WELL OWNER: Stigers I. RR#, St. Address, Box # : 11801 Ht City, State, ZIP Code : KCKS | Elevation: | | | |
| RR#, St. Address, Box # : //80/ H | ollingsworth Kd. | Datum: 1/4 | DZ7 | |
| City, State, ZIP Code : KCKs | 06109 | Data Collection | Method: HANA | 2011 |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 70 ft. | | | | |
| LOCATION | | | | |
| WITH AN "X" IN Depth(s) Groundwater Encountered (1). 12-70 ft. (2) | | | | |
| SECTION BOX: WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | |
| N Pump test data: Well water wasft. after hours pumping gpm | | | | |
| Est. Yiel Sept. Well water was | | | | |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | |
| W E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs | | | | |
| was a chemical/bacteriological sample submitted to Department? Yes No x; If yes, mo/day/yrs | | | | |
| Sample was submitted Water well disinfected? Yes No | | | | |
| S | | | | |
| | | | G JOINTS: Glued✓ | |
| | s-Cement 9 Other (specif | | | |
| 2 PVC 4 ABS 7 Fiberglas | S | | Threaded | |
| Blank casing diameter | | | | |
| Casing height above land surface36 | | l.lbs./ft. Wall this | ckness or guage No | عجر جيج |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | |
| 2 Brass 4 Galvanized Steal 6 Con | | Asbestos-Cement | 12 None used (open | noie) |
| SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open_hole) | | | | |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to 70 ft., From ft. to ft. | | | | |
| . 050 "5/0/5 From | | | | |
| GRAVEL PACK INTERVALS: From 20 ft. to 70 ft., From ft. to ft. | | | | |
| | ft. to | | | |
| | | | | |
| 6 GROUT MATERIAL: 1 Neat cement (2 | Cement grout 3 Bentonite | 4 Other | | |
| | 2 ft., From | ft. to f | t., From | ft. toft. |
| What is the nearest source of possible contamina | | | | |
| 1 Septic tank 4 Lateral lines | * * | • | | 16 Other (specify |
| 2 Sewer lines 5 Cess pool | 8 Sewage lagoon 11 Fuel | | bandoned water well | below) |
| 3 Watertight sewer lines 6 Seepage pit | • | _ | | |
| Direction from well? | | | PLUGGING INT | |
| FROM TO LITHOLOGI | C LOG FROM | M TO | PLUGGING IN I | EKVALS |
| D 18 Siftyclay | 101/1/ | | | |
| 18 70 COAVSC BUNGS | pebbles | | D 1 | 7 101 |
| | | 16.5 | Permit 4 | 1-401 |
| | | | 0/#/- | |
| | | | OFAG | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| # CONTRACTORIS OF LANDOWNERS C | EDTILICATION TI | | mustad 101 mm | ad an (2) -1 1 |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged | | | | |
| under my jurisdiction and was completed on (mo/day/year) 12/1/1/2 and this record is true to the best of my knowledge and belief. | | | | |
| Kansas Water Well Contractor's License No. 595 This Water Well Record was completed on (mo/day/year) | | | | |
| under the business name of Tresse Ycakum Well Drilling by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in Manks, 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 OW | NER and retain one for your | records. Fee of \$5 | .00 for each constructed | d well. Visit us at |
| http://www.kdheks.gov/waterwell/index.html. | | | | |