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

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or

incorrect information.
Fraction ( 1/4 1/4) Section-Township-Range changed:
listed as NE NE NW, /- 8-95 - 6-7E
changed to NE NW, /-95-6E
Other changes: Initial statements:
Changed to:
Comments:
verification method: Written & legal descriptions, position on plat map,
and Riley & Olsburg SW 1:24,000 topo maps. initials: DRL date: 5/22/20
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

	·		VV A	HEH WELL	RECORD	Form www.				·		
	ON OF WAT	ER WELL:	Fraction	1/5		e s	ection Number			Range Nu		
	Riley	from nearest to		1/4 NE				T 8-6	<b>1</b> s	R 6-7	<b>B</b> W	
Distance o	ina direction		1/2 eas		VY 7	7 and H	WY 24	•				
MATE	3 MELL 0M				<b>V</b> 1 /	,	· · · · · ·					
		NER: WHF1 (# : 2024			•			Doord o	f Agricultura I	Division of Water	Populino	
	address, Box , ZIP Code	_ `	· .		( 5A2				ion Number:	DIVISION OF WATER	nesources	
	·		attan,									
AN "X"	IN SECTION	BOX:	Depth(s) Grou	undwater En	countered_	1	ft.	2	ft. 3		· in the	
ī	! X	1	WELL'S STA	TIC WATER	LEVEL .	<b>₹.⊘</b> ft.	below land su	rface measured	on mo/day/yr	March ?	54"1484	
	_ \w	NE	P	ump test dat	a: Well w	ater was	ft. :	after	hours pu	mping	gpm	
l [	, , , , , , , , ,	- '\'								mping		
ٰ ,,, L	ii	E	Bore Hole Dia	ameter 🎜	in.	to <b>8 O</b>		and	in	. to		
₹	!		WELL WATE	R TO BE US	SED AS:	5 Public wa	ter supply	8 Air condition	ing 1.1	Injection well		
ī  _	_ sw	\$	1 Domes	stic 3	Feedlot		ater supply	9 Dewatering		Other (Specify b		
	- 3ï I	3	2 Irrigation		Industrial					• • • • • • • • • • • • • • • • • • • •		
i L	i	ı	Was a chemic	cal/bacteriolo	gical samp	le submitted to	Department? \	∕esNo	; If yes	mo/day/yr samp	le was sub	
<u> </u>	S		mitted		••••		W	ater Well Disinfe				
TYPE (	OF BLANK C	ASING USED:		5 Wrou	ght iron	8 Con	crete tile	CASING .		d . 🗶 Clampe		
1 Ste		3 RMP (S	SR)	6 Asbe	stos-Ceme	nt 9 Othe	r (specify belo	w)	Weld	ed		
<b>@</b> PV	'C	4 ABS	1.0	7 Fiber						aded		
						_				in. to		
Casing he	ight above la	nd surface	. <del></del> .	in., weig	pht <b>2</b> 0	_		./ft. Wall thicknes	ss or gauge N	0		
_		R PERFORATIO				Ø <sup>F</sup>			Asbestos-ceme			
1 Ste		3 Stainles			-			P (SR) 11 Other (specify)				
2 Bra		4 Galvania		6 Conc	rete tile	9 A	BS		None used (op	•		
	-	RATION OPENIN				auzed wrapped		8 Saw cut		11 None (open	hole)	
	ntinuous slo		Aill slot			re wrapped		9 Drilled hole	_			
	uvered shutte		(ey punched	40		rch cut						
SCHEEN-I	PERFORATE	D INTERVALS:	From		π. το	<b></b>	π., Fro	om	π. τ	o <i>.</i>		
			From		ft. to					0		
C	BRAVEL PAG	CK INTERVALS:	: From	40	ft. to	<b>8.0</b>	ft., Fro	om	ft. t	o <i>.</i>		
			From		ft. to	)	ft., Fro	om	ft. t	0	ft.	
GROUT	MATERIAL	_	cement LL	2 Cemer	nt grout	3)Ber	tonite 4					
Grout Inter	rvals: Fron	n <b></b>	.ft. to	ft.,	From	ft.	to	ft., From		ft. to	ft.	
What is th	e nearest so	urce of possible						stock pens	14 A	bandoned water		
1 Se	ptic tank		ral lines		7 Pit privy			storage		15)Oil well/Gas well		
2 Se	wer lines	5 Cess	s pool	8	8 Sewage lagoon			12 Fertilizer storage 16 Other (specify below			ow)	
3 Wa	atertight sew	er lines 6 Seep	page pit	9	Feedyard	l	13 Inse	cticide storage				
Direction f	rom well?	East						any feet?				
FROM	то		LITHOLOG	IC LOG		FROM	то		PLUGGING I	NTERVALS		
0	34	Brown	Clay									
34	36		Shale									
36	38		shale									
38	43		hale									
43	45	Limest										
45	54		Shale				_					
54 59	59		hale									
59	62		Shale									
62	78	FIINT			<del> </del>							
78	80	Gray	Shale									
·												
CONTE	RACTOR'S C	B I ANDOWNE	R'S CERTIFIC	ATION: This	water wel	was (1) const	ructed (2) rec	onstructed or (3	) plugged und	der my jurisdiction	n and was	
Country Country	on (mo/day/	year) Marc	24.	ʹ <b>ϳʹΫʹ</b> ϼʹΫʹ		· ····································				owledge and beli		
		s License No. 🚙			Ihis Water	r Well Record		on (mo/day/yr)			89	
	business nar		01/	No I	1. ://	11.	by (signa	<b>~</b> .	the d	At la	1	
			PER PLEASE DOE	200 510 11 7 22	LODAT HERE	Disease Min blan		ele the correct answer	700	copies to Kansas Dan	artment	

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fff in blanks, underline or circle the correct answers/Send top three copies to Kansas Departmen of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.