County: Pottawatomie Fraction SW NW SE SW	Sec. 13 T 9 S R 8 EW			
CORRECTION(S) TO WATER WELL COM (to rectify lacking or incorre	• ,			
Location was listed as:	Location changed to: 13 - 9s - 8E SW NW SE SW			
Other changes: Initial statements: No location given				
Changed to: in field NE of Lake Elbo Pd and	Elizas Rd, Manhattan			
Comments:				
Verification method: KGS LEOWEB software, KGS	Interactive Maps, Google Earth			
Submitted by: Kansas Geological Survey, Data Resources Library, 1930	initials: <i>DRL</i> date: <u>6-19-2017</u> Constant Ave., Lawrence, KS 660473726			

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WATER WELL R		Form '		Div	ision of Wate	er		
Original Record					ources App. N		Well ID	
1 LOCATION OF W.	ATER WEI	LL:	Fraction		tion Numbe	, C		
County:			1/4 1/4 1/4	1/4	12	T S	R F E □ W	
2 WELL OWNER: La	ist Name:	LSON	First: Jay				(if unknown, distance and	
2 WELL OWNER: Last Name: Wilson First: Jy Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:								
Address: City: Mawhatton State: 14.5 ZIP 66503								
City: MIN/9011		State:	ZP 60000			<u> </u>		
3 LOCATE WELL	4 DEPTE	TUE CON	PLETED WELL;	140 a	5 Latit	W 39 1	5.853	
WITH "X" IN	Denth(s) G	roundwater	Encountered: 1)	7 A	Lauti	14 1960	2 2 2 (d degrees)	
SECTION BOX:	4 DEPTH OF COMPLETED WELL: 40 ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) Dry Well Horizontal Datum: WGS 84 D NAD 83 NAD 27							
	WELL'S STATIC WATER LEVEL:						e:	
	below land surface, measured on (mo-day-yr)			· I III/G	GPS (unit make/model:)			
NW NE	above land surface, measured on (mo-day-yr)			ŀ	(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft. after ppm				☐ Land Survey ☐ Topographic Map			
W E	atter		vater was			nline Mapper:		
SW SE	after		s pumping			17/21		
	J		7		6 Eleva	tion: L. K. OVf	i. Ground Level 🗌 TOC	
S	Bore Hole	Diameter:	<i>Q.H.</i> in. to <i>L.H.O.</i>	ft, and	Source		GPS ☐ Topographic Map	
mile	<u> </u>		in. to	ft.		Utner		
7 WELL WATER TO			4 01 11 12		10 🗀 😁	1 F:-1 1 W + C + + +		
1. Domestic: Household			iter Supply: well ID				ease	
Lawn & Garden			ig: how many wells? echarge: well ID			Hole: well ID ased 🔲 Uncased 🔲		
Livestock			g: well ID			nermal: how many bore		
2. Irrigation			al Remediation: well II			osed Loop 🔲 Horizon		
3. Feedlot	_] Air Sparge		Extraction			ischarge 🔲 Inj. of Water	
4. 🔲 Industrial		Recovery	☐ Injection	_	13. 🔲 Ot	her (specify):		
Was a chemical/bacteriological sample submitted to KDHE? Yes You If yes, date sample was submitted:								
Water well disinfected?	Yes 🗌	No			•			
8 TYPE OF CASING	USED: □S	Steel DPV	C 🗌 Other	CASII	NG JOINTS	: Glued Clampe	d 🗌 Welded 🔲 Threaded	
Casing diameter	in. to .	20, ft.,	Diameter	in. to				
Casing height above land s	urface	in	i. Weight 5.6.14	0 lbs./ft.	Wall thick	mess or gauge No		
TYPE OF SCREEN OR	PERFURA	HUN MA	glass / PVC			· · · (S- · · · · · · · · · · · · · · · · · · ·		
☐ Steel ☐ Stainless Steel ☐ Fiberglase 6 ☐ PVC ☐ Other (Specify)								
SCREEN OR PERFORA	ATION OPE	S COOL	RE:	ised (open non	•)			
☐ Continuous Slot	Mill Slot	/ Y □ G	auze Wrapped 🔲 To	orch Cut 🔲 D	rilled Holes	☐ Other (Specify)	•••••	
Louvered Shutter SCREEN-PERFORATE	☐ Key Punc	hed 🔲 W	ire Wrapped 🔲 Sa	wy Cut 🔲 N	lone (Open H	lole)		
SCREEN-PERFORATE	ED INTERV	ALS: Fron	n . L. 24.2. ft. to 1.4.2	2. ft., From .	ft. to	ft., From	ft. to ft.	
GRAVEL PAC	K INTERV	ALS: Fron	n 3.0 ft. to /4 .	. ft., From .	ft. to	ft., From	ft. to ft.	
9 GROUT MATERIA	L: Neat	cement	Cement grout Be	entonite 🔲 C	Other		•••••	
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Nearest source of possible contamination:								
☐ Septic Tank ☐ Sewer Lines		Cess Pool	Sewage La		Fuel Storage		loned Water Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well								
Other (Specify)				• • • • •		-		
Direction from well?								
10 FROM TO	- / /	LITHOLOG	GIC LOG	FROM	TO_	LITHO. LOG (cont.) c	r PLUGGING INTERVALS	
	4105 2014			158	0/	MIMISTON	,===	
1-5-12-16	KNOWW	GUAY		+ <i>67</i> ,	8/.	SKY SKALL		
+3+7	verior	CMY		+ 3/.	8/-	Brownshi	<u>u </u>	
4, 1,0	MITTE	we !	<u> </u>	1 3/~	7,5	gry shef		
1/0 1/27,	ychou	-	7	477	117	Drow st	W C	
41 20 K	MM + 571	1010		Note:	155	LIMISTON	((WATE)	
56 24 67 3 My Shall								
1877 160 2000								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION; This water well was a constructed, reconstructed, or plugged								
under my jurisdiction and was completed on (mo-day-year) 5/								
under my jurisdiction and was completed on (mo-day-year) 5								
under the business name of file and will prilling.								
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Bouronment Bound Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.								
1000 0137 11 01	ng with a tee of	\$5.00 for eac	ch constructed well to: Ka	nsas Department	of Health and	Havironment B from V	Vater, GWTS Section,	
1000 SW Jackson St Visit us at http://www.kdheks	, Suite 420, To	S5.00 for <u>eac</u> peka, Kansas	ch constructed well to: Ka	nsas Department	of Health and ner and retain o	Havironment B from V	Vater, GWTS Section,	