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

(to rectify lacking or incorrect information)

County: Lincoln

Location listed as:

Section-Township-Range: 22 - 10 5 - 10 W

Fraction (1/4 1/4 1/4): 5W SW NE SW

Other changes: Initial statements: Osbourne County

Changed to: Lincoln County

Comments:

verification method: Latitude & Longitude, KGS' LEO" conversion tool,

Legal de scription, and mapping tool on KGS website.

initials: Weldate: 12/14/2011

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 WW	C -5 D	ivision of Water	Resources App. No	0.
1 LOCATION OF WATER WELL:	Fraction		on Number		Range Number
County: Osbourne	SW4NE4SW 1	/ - / -	22	T 10 S	R O DE WW
Street/Rural Address of Well Location; if unknown, distance & direction			al Positioning	System (GPS) in	formation:
from nearest town or intersection: If at owner's address, check here .		re . Latit	Latitude: 39.10527 (in decimal degrees) Longitude: 98.42899 (in decimal degrees)		
		Long	Elevation; (in decimal degrees)		
		Datur	m: X WGS 84	i,	 NAD 27
2 WATER WELL OWNER: Duignt Heller			ection Method:		
RR#, Street Address, Box #: PO Box 9313			GPS unit (Mak	e/Model: Garn	lin ETREX)
City, State, ZIP Code : Lincoln, KS 67455			☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m,		
		Est. A	\ccuracy:	3 m, 🔀 3-5 m, 📋	5-15 m,
3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF	COMPLETED WELL	150	ft		
WITH AN "X" IN SECTION BOX: N Depth(s) Groundwater Encountered (1) 110 ft. (2) 134 ft. (3) ft. WELL'S STATIC WATER LEVEL 155 ft. below land surface measured on mo/day/yr. 7/4/11					
WELL'S STATIC WATER LEVEL7.5ft. below land surface measured on mo/day/yr7.1.4/11					
Pump test data: Well water wasft. after hours pumping					
EST. YIELD. I.Qgpm. Well water was					
W E Bore Hole Diameter 10 in. to 150 ft., and in. to ft.					
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well					
Domestic					
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes No					
S If yes, mo/day/yr sample was submitted					
water well distincted: [M 105]					
5 TYPE OF CASING USED: Steel X PVC Other					
CASING JOINTS: Glued Clamped Welded Threaded					
Casing diameter in. to 1.52 ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., Weight in., Weight wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
Steel Stainless Steel PVC Other (Specify)					
Brass Galvanized Steel None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)					
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From 120 ft. to 140 ft., From ft. to ft.					
From					
GRAVEL PACK INTERVALS: From 20 ft. to 150 ft., From ft. to ft.					
From ft. to ft., From ft. to ft.					
From					
Grout Intervals: From					
What is the nearest source of possible contamination:					
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well					
Sewer lines					
Direction from well . We.St.		Distance from w			
FROM TO LITHOLO	GIC LOG I	ROM TO	LITHO. LC	OG (cont.) or PLU	GGING INTERVALS
0 1 Topsoil					
1 24 Limestone					
24 134 Grey Shale					
134 136 LIMESTONE					
134 150 Grey Shall					
<u> </u>					
7 CONTRACTOR'S OR LANDOWNE	R'S CERTIFICATION:	This water well y	was N constru	icted reconstr	ucted or nlugged
7 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)					
Kansas Water Well Contractor's License No. This Water Well Record was completed on mo/day/year 19/18 1110					
under the business name of ASOC!ATCA. DALLING. by (signature)					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St. Sante 420, Topeka, Kansas 66612-1367.					
(white, blue, pink) to Kansas Department of Healt Telephone 785-296-5524 Send one conv to WA	n and Environment, Bureau of V TER WELL OWNER and retail	vater, Geology Section one for your reco	on, 1000 SW Jac	of \$5.00 for each or	Nepeka, Kansas 66612-1367.
Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.					
KSA 82a-1212					