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

(to rectify lacking or incorrect information)

	County: Osborne
Location listed as:	Location changed to:
Section-Township-Range: 17-105-15E	17-105-15W
Fraction (1/4 1/4 1/4):	NW NE NW
Other changes: Initial statements: Russell Count	V
Changed to: Osborne County	/
Comments:	
verification method: Written & legal descrip	tions city street map
	1 - 3/-
and mapping tool on KG u) ED 5/7e.
	initials: Aldate: 3/8/2010
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Conto: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jacks	
to. Kaisas Dept of fication & Environment, Dureau of Water, 1000 SW Jacks	on, ound 420, 10peka, Ko 00012-130/.

1 1 000 1	ON OF WATE	D M/ELL:		TER WELL RE	CORD Fo			4 82a-12 umber		ship Num	her T	Dan	ge Number	
County:		ssell	Fraction NW 1/2	NE	_{1/2} NW		211011 NI 17		T	snip Num 10	S	Ran		E
			or city street a	ddress of we	II if located v	vithin city?								
				North 2 ⁿ	^a and Mai	n St. Nato	ma, k	(S						
2 WATER	WELL OWNE	R: Randal	Conrad	- 04										
RR#, St. Ad	Idress, Box#	: North 2	and Mai	n St.						•		ion of W	ater Resou	rces
	ZIP Code WELL'S LOC		a, KS.67651							tion Numb				
	N SECTION B	ox:	DEPTH OF	COMPLETE	D WELL	30) ft.	ELEVA	ATION:					
			Depth(s) Groun	dwater Enco	untered 1	2	5	ft.	2		ft. 3	}		Ft.
	N		WELL'S STATI	C WATER LE	VEL 2	2.69 ft.	below	land su	rface meas	sured on	 mo/day/y	r	NA	-
↓ Γ	хТ			np test data:										3pm
	NW		Est. Yield	Gpm:	Well water	was		Ft.	after		Hours po			Spm
	· NVV T	:	Bore Hole Diam	neter 8.62	25 In. to	3	0	F	t. and		in.	to		Ft.
§ W _		E	WELL WATER 1 Domest	TO BE USE	DAS: 5 P	ublic water s	upply		8 Air co	onditionin	g 11	Injection	well	
7													specify bei	JW)
 -	sw	- SE	2 Irrigation	n 4 Indust	trial 7 La	awn and gar	den (do	omestic)	10 Mor	nitoring w	ell IVI	V V-0		
↓			Was a chemica	l/bacteriologi	cal sample s	ubmitted to	Depart				-			as
<u> </u>	s		Submitted						er Well Dis				No X	
	F BLANK CAS			,	ght Iron				CASING	3 JOINTS			Clamped	
1 Ste		3 RMP (S	SR)		tos-Cement	9 Other	(specif	ty below)		Welde			
2 PV	С	4 ABS		7 Fiberg	lass					·L	Thread	ded	X	
Blank casino	g diameter	2	In. to 1	5 Dia		In.	to		ft., Dia		i	n. to		ft.
Casing heig	ht above land	surface	FLUSH	in., weight	S	CH 40	l	_bs./ft. \	Wall thickn	ess or ga	uge No.			-
	CREEN OR P					7	PVC		10	Asbesto	s-cemen	t		
1 Ste	el	3 Stainles	s steel	5 Fiberg		8	RMP	(SR)	11	Other (s	pecify)			
2 Bra		4 Galvani		6 Concr	ete tile			(- <i>)</i>	12	None us	sed (oper	hole)		
	R PERFORAT					ed wrapped			8 Saw cu		1	1 None	(open hole	∍)
	ntinuous slot	_	Mill slot		•	vrapped			9 Drilled					
	vered shutter		(ey punched	15	7 Torch			4	10 Other	(specity)				
SCREEN-PI	ERFORATED	INTERVALS:		15										□ + İ
200	ND PACK INTE	:D\/Δ1 Q·	From	14		30								
SAI	NO PACK INTE	AVALO.	From		ft. to				om					Ft.
1			110111		11. 10			1	JIII		11. 10			-,
GROUT	MATERIAL	1 Neat ce	ement 2	2 Cement are	out	3 Ben	tonite	4	Other					
				Ft.		Ft.		•						
Grout Interv	als From3	12 f	t. to 14	From2	5	to		12	ft. F					ft.
	nearest source				7 Dit			Livesto	•				ater well	
	otic tank		4 Lateral lines		7 Pit privy			Fuel st	•			ell/ Gas		-
	wer lines		5 Cess pool		8 Sewage	•			er storage		16 Othe		ted Sit	
o vva Direction fro	tertight sewer	ines	6 Seepage pit		9 Feedyard	1		many fe	cide storag	е	Con	Lannin	iteu Sit	- 1
FROM	TO	CODE	LITHO	LOGIC LOG		FROM		O		PLUG	SING INT	ERVALS		
0	1.5		soil			1.1.01	+-	-		. 2000				
1.5	24		y Clay (CL)	brown			1							-
24	30	Cla	yey Sands							ماو المبرؤ	· jes pa			
30	TD	End	Borehole							131.				
						ļ	-							
							-			111-		- 100 - 100		
									D	IDEA	1 1 1/2 10	14/5	N to di	-
										UREA	U Ur	V V/ 1	17:7	
							-							
						-	-	-						
CONTRA	CTOR'S OR I	ANDOWNER	S CERTIFICAT	ION: This w	ater well was	(x) constru	cted. (2	2) recons	structed. o	r (3) plua	ged unde	r my juris	diction and	w
_	on (mo/day/yr)		11/1	1/09		And th	•				-	• •		1
				585		This V								
nder the bu	usiness name o	of	Associa	ted Envir	onmenta	l. Inc.		Bv	(signature)	Brad	lev J.	Johns	on A	
INSTRU	JCTIONS: Plea	se fill in blanks	and circle the cor	rect answers.	Send three c	opies to Kans	as Dep	artment o	of Health an	d Envisor	nent Bure	au of Wa	er, Topeka,	
Nansas	00020-0001.	ciepnone, 913-	296-5545. Send	one to WATE	VALLE OVAL	ver and retai	n une fo	or your re	COIUS.	600	bery	J. Jack		