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

(to rectify lacking or incorrect information)

	County: Wyandatte
Location listed as: Prairie County	Location changed to: Wyandotte Conty
Section-Township-Range: 36-105-23E	36-105-23E
Fraction (1/4 1/4 1/4): SW	<u> </u>
Other changes: Initial statements:	•
Changed to:	
Comments:	
verification method: Directions given by driller	
	initials: \(\frac{76}{16} \) date: \(\frac{9-29-04}{16} \)

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726 Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

		WA	TER WELL RE	CORD Fo	rm WWC-5	KSA 82	a-1212	ID No.				
1 LOCAT	TION OF WAT		Fraction				ection Nun	nber	Township Nur	nber	Range N	umber
County:	Prair.		SW _{1/2}			/4	36_		T (0	s	R 23	®w
Distance a	nd direction f	rom nearest tov	wn or city street	address of we	ell if located	within city?	_	14 ,	mi. West	ot Kan	sis Cty,	KS
- 1 14/477		·==		11.00	S-11	00. 1	2		south of	6	Jaroche	
\vdash	R WELL OWN			ا س		spr W						
	ddress, Box		5w do+	~3t.		+ Pera					ision of Water	Resources
City, State,		: 67	DEPTH OF	COMPLETED		nsus Li						
_		CATION WITH							ON:			
AN X II	N SECTION I	5UX:							2 measured on mo/o			
		!	Pı	imp test data:	Well wate	r was		ft. af	ter	hours pur	nping	gpm
_	-NW	- NE	Est. Yield	gpm:	Well wate	r was		ft. af	ter	hours pur	nping	
	1	1	WELL WATER 1 Domesti			Public wate Oil field wat			8 Air conditioning 9 Dewatering		ection well	alow)
w_	1	<u>!</u> E	2 Irrigation		strial 7	Domestic (la	er suppry awn & gard	den)	Monitoring well	7 Em	ner (Spezify be	boncter
''			g				ann er gan i	,	J		B	-4
_	- %	- SE	Was a chemic	al/hacteriolog	ical sample	submitted to	Denartm	ent? Ve	esNoX	· If ves mo	/day/yrs samn	le was sub
		1	mitted	anbactoriolog	ioui oumpio	odomico i	Борания		er Well Disinfected			No X
L	1											^
5 TYPE (OF BLANK C	ASING USED:		5 Wrought	iron	8 Cond	rete tile		CASING JOIN	TS: Glued	Clamp	ned.
1_Stee	el	3 RMP (S	R)	6 Asbesto			r (specify t	pelow)			d	
2 vc		4 ABS	•	7 Fibergla							ded	
									ft., Dia.			
Casing hei	ight above lai	nd surface	₹	in., wei	ght			lk	os./ft. Wall thicknes	s or guage	No	
		PERFORATIO				Ø				stos-Ceme		
1 Stee 2 Bras	_	3 Stainles 4 Galvania		5 Fibergla 6 Concrete		8 F 9 A	RMP (SR)			r (Specity) . e used (ope	n hole)	
				O CONCIER							,	- (1-)
	OR PERFOR	ATION OPENII	NGS ARE: IIII slot			ed wrapped wrapped	3		8 Saw cut 9 Drilled holes		11 None (ope	n noie)
	vered shutter		Key punched		7 Torch				10 Other (specify)			ft
1		D INTERVALS		206	ft to	20	/ b #	From		ft to		ft
OOTILETY.					ft. to		, ft.,	From		ft. to		ft
(GRAVEL PAG	CK INTERVALS										
			From		It. to		It.,	From		π. to		tt
6 GROL	JT MATERIA	L: 1 Nea	t cement	2 Ceme	nt grout	(3)Be	ntonite	4	Other			
Grout Inter	rvals: From	8 4	ft. to	ว ft., F	rom				ft., From		ft. to	ft
What is the	e nearest sou	rce of possible	contamination:				10	Livesto	ck pens	14 Ab	andoned wate	r well
1 Sep	otic tank	4 Late	ral lines		7 Pit privy		11 Fuel storage			15 Oil well/Gas well		
2 Sev	wer lines	5 Cess	s pool	8 Sewage lagoon		12 Fertilizer storage			16 Other (specify below)			
3 Wat	tertight sewe	r lines 6 See	page pit	9 Feedyard			13 Insecticide storage					
Direction fr							Hov	v many	feet?			
FROM	то		LITHOLOGI	C LOG		FROM	ТО		PLUC	GING INT	ERVALS	
0'	1'	Organ		rin		0'	481		bentonit	e gre	,ut	
1'	7'	Sarrel		, brown			-					
4'	L	Shak		aun								
7'	16.51	Shake	, sandy									
	-						-					
		-				ļ		-				
									g ^{radia} . Her land	MEA, WARM		
						 	 	_				
							+	_	55.	 	1	
									."			
							-		**	war a sign,	i hay	
7 CONTR	RACTOR'S O	R I ANDOMNE	B'S CEDTICIO	ATION: This :	vator well in	ae (1) cono	tructed /0	\ rocc=	structed, or (3) plu	laded risks	r my juriodisti	on and we
completed	on (mo/dav/v	ear)	12011111	, ION. IIIS V	valer well W	as (1) CONS	and t	his reco	ord is true to the bes	igged unde st of my kno	r my junstiction wiedge and he	on and wa lief Kansa
Water Well	Contractor's	Licence No	704		. This Water	Well Recor	d was com	pleted	on (mo/dav/vr)	9-2	0-041	
I .	ousiness nam	a of	101.45						ignature)	, SAX	4.11.)
INSTRUC	TIONS: Use type			FIRMLY and PRIM	IT clearly. Please	e fill in blanks. u	inderline or cir		orrect answers. Send top	three copies to	Kansas Departme	ent of Health
and Enviro	onment, Bureau o		ection, 1000 SW Jack						22. Send one to WATER			
,000ida, F	23 0. 40.00 101 6	SOLIDITUOIGU WEII					,					