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 $NESESW$, $6-12S-2-3W$
changed to $NENESE /-12S-3W$
Other changes: Initial statements:
Changed to:
Comments:
verification method: well address, city map on internet, and Bennington 1:24,000 topo map initials: Polydate: 4/11/2002
Bennington 1:24,000 tope map initials: Pol date: 4/11/2002
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

	WATER WELL RECOR	RD Form WWC-5	KSA 828	-1212 ID No			
1 LOCATION OF WATER WEL	L: Fraction		Secti	on Number	Township Number	Range Number	
County: O TAWA	NE 14	SE 14 SW	1/4	6	T 12 9	S R 2-3W E/W	
Distance and direction from nea	•	dress of well if locate	d within city	?			
2 WATER WELL OWNER: JC	509 N. NELSON						
					Board of Agricultur	ro Division of Water Resources	
City, State, ZIP Code BENNINGTON .KS . 67401				Board of Agriculture, Division of Water Resources Application Number:			
3 LOCATE WELL'S LOCATION V	VITH 4 DEPTH OF CO	MPLETED WELL	42	ft. ELEVAT	ION:	• • • • • • • • • • • • • • • • • • • •	
AN "X" IN SECTION BOX:						t. 3 ft.	
A						7-6-01	
	Pump test data: Well water was						
e W	1 1			•			
₩ W	1 1	BE USED AS: 5 Pu				11 Injection well	
	1 Domestic 2 Irrigation			supply 9 l		2 Other (Specify below)	
SW _X SE	2 inigation	4 ilidustriai / Do	IIIOSIIC (IAWII	a garderij 10 i	viorinoring well		
<u> </u>	Was a chemical/bac	teriological sample subr	nitted to Depa		No X ; If ye Well Disinfected? Yes	s, mo/day/yrs sample was sub- X No	
5 TYPE OF BLANK CASING U		Wrought iron	8 Concrete	e tile		GluedX Clamped	
1 Steel 3 RM	IP (SR) 6 .	Asbestos-Cement	9 Other (s	pecify below)	\	Velded	
2 PVC 4 ABS		Fiberglass				Threaded	
Blank casing diameter 5		•				in to ft	
Casing height above land surface							
		weight					
TYPE OF SCREEN OR PERFORM 1 Steel 3 Sta		Fiberglass	_7 PVC		10 Asbestos-	cement cify)	
	Ivanized steel 6			(SH)	12 None used		
						11 None (open hole)	
SCREEN OR PERFORATION 1 Continuous slot	3 Mill slot •025		apped		9 Drilled holes	i i None (open note)	
	4 Key punched	7 Torch					
SCREEN-PERFORATED INTE		ft. to	42				
GRAVEL PACK INTE	RVALS: From22	ft. to	42	ft., From .		ft. to ft. ft. to ft.	
	From	ft. to		ft., From .		ft. to ft.	
6 GROUT MATERIAL: 1 N	leat cement 2 0	Cement grout	3 Bentonit	e 4 Ot	her		
Grout Intervals: From0	ft to 22	ft From		0			
What is the nearest source of p				10 Livesto		4 Abandoned water well	
•	Lateral lines	7 Pit privy		11 Fuel st	·	5 Oil well/Gas well	
'	Cess pool	8 Sewage la	•		J	6 Other (specify below)	
	•	9 Feedyard	90011			` ' ' '	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? WEST				13 Insecticide storage			
Direction noin went	LITHOLOGIC LOG		FROM	TO		G INTERVALS	
FROM TO FILL	DIRT		FROM	10	PLUGGIN	3 INTERVALS	
	TAN SILTY						
	BROWN VERY SIL	nv					
		L 1					
, , ,	BROWN						
	TAN FINE						
42 SHAI	<u>#5</u>						
	The second secon						
7 CONTRACTOR'S OR LANDO	WNER'S CERTIFICATION	I: This water well was	(1) construc	ted. (2) recon	structed, or (3) plugged	under my jurisdiction and was	
completed on (mo/day/year) 7-6						knowledge and belief. Kansas	
Water Well Contractor's Licence	No. 388	This Water Well	Record was	completed on	(me/day/yr) 7-9-	01/4	
under the business name of PE				by (sign	1 1 7	1/1/	
and the business name of Pt	PITHORY LOUE DE	IL V I CHILI		Dy (Sigil	Jack)	Missey	

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top in secopies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.