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

(to rectify lacking or incorrect information)

Location listed as:	County: Off a w a Location changed to:
	Location changed to:
Section-Township-Range: $/-/25-2-3\omega$	125-3W
Fraction (1/4 1/4 1/4): SW NE NE	SW SE NE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Well address, area map	on internet, and
Bennington 1:24,000 topo. ma	ıρ
<i>O</i> , , , , , , , , , , , , , , , , , , ,	initials: ARL date: 5/5/2003
while dhe Warre Carlain Survey Data Barayana Library 1920 Co	

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.

		WA	TER WELL REC	ORD Fo	rm WWC-5	KSA 82a	-1212 ID I	No		
	ION OF WA	TER WELL:	Fraction			Se	ction Number	r Towns	hip Number	Range Number
	OTTAWA		SW 1/4	NEXX 1/4		/4	1	<u> </u>	12 s	R 2-3W E/W
	nd direction FOX LA		wn or city street a	ddress of w	ell if located	within city?				
2 WATER	R WELL OW	NER: RANDY	WARD		•					
City, State,		BENNI	FOX LANE	67422				Applic	ation Number:	Division of Water Resources
AN "X" IN	N SECTION	BOX:	WELL'S STATION	C WATER LE	EVEL1 Well wate	.6 ft. be r was	low land surfa	ace measured a	on mo/day/yr hours p	ft. 9-27-02 umping15 gpm
	-NW	- NE	Est. Yield	7.5 gpm: TO BE USE	Well wate DAS: 5 I	r was Public water	ft. supply or supply	. after 8 Air condit	hours p ioning 11 Ir	umping gpm njection well
w-	1	E	2 Irrigation	4 Indus	strial 7 l	Domestic (la	wn & garden)	10 Monitorin		Other (Specify below)
	-sw -	- SE	Was a chemica	l/bacteriolog	ical sample :	submitted to			从; If yes, m nfected? Yes	no/day/yrs sample was sub- X No
	S		mileo				·			a NO
1 Stee)	ASING USED: 3 RMP (S	R)	5 Wrought 6 Asbestos	s-Cement	8 Conci 9 Other	ete tile (specify belo		Weld	d ^X Clampedled
2 PVC		4 ABS		7 Fibergla						aded
Blank casir Casing heigh	ng diameter ght above la	⊅nd surface	in. to 24	کلا in., wei	ft., Dia ght	60	in. to	ft. Wall ti	t., Dia nickness or guag	in. toft. je No. SDR26
		PERFORATIO	N MATERIAL:			7 P	/C	10	Asbestos-Cem	nent
1 Stee 2 Bras		 Stainles Galvaniz 		5 Fibergla 6 Concrete		8 RI 9 AI	MP (SR) BS		Other (Specify None used (op) en hole)
	OR PERFOR	ATION OPENIN	NGS ARE:	5		ed wrapped wrapped		8 Saw cut 9 Drilled h		11 None (open hole)
	vered shutte		ey punched		7 Torch	cut		10 Other (s	pecify)	ft.
SCREEN-F	PERFORATE	ED INTERVALS	: From39	?	ft. to	44	ft., Fron	n	ft. to	ft.
C	BRAVEL PAG	CK INTERVALS	From2	5	ft. to ft. to	tht	ft., Fron	ກ ກ	ft. to	tt.
	J. 0 . 0	51(11/1/21(1/1/120	From		ft. to		ft., Fron	n	ft. to	ft.
6 GROU	T MATERIA	L: 1 Nea	t cement	2 Ceme	nt arout	3 Ber	tonite	4 Other		
Grout Inter	vals: Fron	ı <u>4</u>	ft. to 25	ft., F	rom	ft.	to	ft., From		ft. toft.
What is the	nearest so	urce of possible	contamination:				10 Live	stock pens	14 A	bandoned water well
•	tic tank		ral lines		7 Pit privy		, 11 Fuel			Dil well/Gas well
	ver lines	5 Cess	· ·		8 Sewage	_	12 Ferti	Fertilizer storage 16 Other (specify bek Insecticide storage OPEN_FIELD_NONE_APPA		
	•	r lines 6 Seep	page pit		9 Feedyard	i			OLEM ETETT	J NONE AFFARENT
Direction fr			LITUOLOGIO	1100		FDOM		any feet?	PLUGGING IN	TEDVAL C
FROM 0	TO 3	SANDY 1	LITHOLOGIC	LOG		FROM	ТО		PLUGGING IN	TERVALS
3	32		ROWN TO TAI	J						
32	44		INE TO WED.							triws
44		SHALE		Angles						
		·								F
		-								
						-				
				711						
					• .					
		, torus to								
7 CONTR	ACTOR'S O	R LANDOWNE	R'S CERTIFICA	ΓΙΟΝ: This v	vater well wa	as (1) const	ructed, (2) red	constructed, or	(3) plugged und	der my jurisdiction and was
completed of	on (mo/day/y	ear)9 27	7-Q2				and this r	ecord is true to	the best of pay kr	wiedge and belief. Kansas
Water Well under the b	Contractor's usiness nam	Licence No le of PESTI	388 NGER PUMP S	SERVICE	. This Water	Well Record		ted on (mo/da) (signature)	yr) y-y-y	Testino
INSTRUCT	ΓΙΟΝS: Use type nment, Bureau α	writer or ball point pe of Water, Geology Se	en. PLEASE PRESS Fi ection, 1000 SW Jackso	IRMLY and PRIM on St., Suite 420	IT clearly. Please, Topeka, Kansas	e fill in blanks, ur s 66612-1367. T	derline or circle the	ne correct answers. -5522. Send one to	Send to three copies WATER WELL OWNE	to Kansas Department of Health ER and retain out for your
		ach constructed well								