County:	Russell	Fraction:	SE NE SW		Sec	31	_ T	13	_s r	13	<u>W</u>
CORRE	CCTION(S) to WATER WELI	COMPLETIC	ON RECORD	Form	wwc	-5 (to	rectify	lacking	g or inc	orrect in	formation)
Owner:	Anderson Aerial Sprayii	ng									MW 11
If location	on corrected, was listed as:				Locat	ion cha	nged to	:			
Section-Township-Range: 31-13-14				31-13-13							
Other ch	anges: Initial statements:										
Changed	to:										
Commen	ts:										
Verificat	ion method: Google maps	and KGS r	napper base	ed on	addre	ess o	n WW	/C-5			
						Initials:	SH		ate: _	0/21/2	019
Submitte	d by: Kansas Geological Su Kansas Dept. of Heal	ırvey, Data Reso	ources Library,	1930 C	Constant	Ave., I	Lawrenc	e, KS	66047-	3724	

(rev 01/26/2018)

				ER WELL RECORD				
1 LOCATION		MER WELL:	Fraction	/ NIE 1/		ction Number		Range Number
County: Ri		n from nearest t	Own or city stree	4 NE 1/4 et address of well if lo	SW 1/4	31	T 13 S	R 14 FW
4231 Airp	ort Te	rrace, Russel	l, Kansas		ocaled within city	y r		_
			son Aerial Spi	raying				
		x# : <b>PO</b> Bo	x 933				_	ivision of Water Resources
City, State, ZI			, Kansas 676				Application Number:	
LOCATE V WITH AN	VELL'S I "X" IN SE	LOCATION ECTION BOX:	1 1					1862.33
		N						t. 3
<b>↑</b>								y/yr <b>8/11/99</b>
	w	NE		•				oumping gpm
			I	•••			•	pumping gpm
₩ W		E	1			-		in. toft.
-				TO BE USED AS:			•	I Injection well
1 1 :	<sub>sw</sub> X	SE	1 Domestic		6 Oil field wate		9 Dewatering 12 10 Monitoring well /	2 Other (Specify below)
			2 Irrigation	ı 4 industrial al/hacteriological sar	Lawn and g: mole submitted t	arden only o Department	YesNo; If ye	es moldavlyr sampla was
<u> </u>			submitted	ar bacter lological sal	inpie submitted t		ter Well Disinfected? Yes	
TYPE OF	BI ANK (	CASING USED:		5 Wrought iron	8 Conc			ed Clamped
1 Steel		· 3 RMP (S		6 Asbestos-Ceme		(specify belo		elded
2 PVC		4 ABS	1.7	7 Fiberglass			,	eaded. $\sqrt{\dots}$
	diameter		in to	•				in. to ft.
								: No
		R PERFORATIO		. III., Holgitt	7)PV		10 Asbestos-ce	
1 Steel	INCLIN O	3 Stainles:		5 Fiberglass		IP (SR)		fy)
2 Brass		4 Galvaniz		6 Concrete tile	9 AB		12 None used (	• •
		RATION OPENIN			uzed wrapped	_	8 Saw cut	11 None (open hole)
	nuous sl		/ill slot		re wrapped		9 Drilled holes	11 None (open noic)
	ered shu		key punched		ch cut		10 Other (specify)	
		ED INTERVALS						t. toft
								t. to ft.
GRA'	VEL PAG	CK INTERVALS						t. to ft.
			From	ft. to		ft., Fro	om fi	t. to ft.
GROUT MA	ATERIAL	: 1 Neat	cement	2 Cement grout	3 Bento	nite 4	Other	
ے Grout Intervals	s: Fron	n						ft. to ft.
What is the ne	earest so	ource of possible	contamination:			10 Lives	tock pens 14	Abandoned water well
1 Septic to	ank	4 Late	ral lines	7 Pit privy		11 Fuels	storage 15	Oil well/Gas well
2 Sewer li	nes	5 Cess	s pool	8 Sewage la	agoon	12 Fertili	izer storage (16)	Other (specify below)
3 Watertig	tht sewer	rlines 6 Seep	oage pit	9 Feedyard	I			Former UST
Direction from	ı well?	East				How man	y feet? 110	
FROM	10		LITHOLOGIC	LOG	FROM	ТО	PLUGGING	INTERVALS
0		Clay, Dark B						
1			Yellow Brown	n				
		Clay, Yellow						
10	15	Clay, Yellow	Brown					
			4					
						M	TW11, Tag # 00290070, Flo	ushmount
						Pi	roject Name: Anderson Aer	ial Spraying
						G	eoCore # 737, KDHE # U6	084 10516
CONTRACT	TOR'S O	R LANDOWNER	S CERTIFICAT	ION: This water well	was (1) constru	ucted, (2) reco	onstructed, or (3) plugged	under my jurisdiction
							cord is true to the best of n	
Kansas Water	Well Co	ontractor's Licen	se No	527	This Water Well		completed on (mo/day/yr)	
ınder the busi				re Services, Inc.		by (signate		Cel
INSTRUCTION	ONS: Lise	typewriter or half no			Clearly. Please fill	in blanks, under	ine or circle the correct answers.	Send top three copies to Kansas
		,, o, po	reau of Water Tonel	a Kansas 66620-0001	Telephone: 913-296-	5545. Send one	to WATER WELL OWNER and re	tain one for your records.