CORRECTION(S) TO WATER WELL (to rectify lacking or incorrect	information)
Location listed as:	County: £/// S Location changed to:
Section-Township-Range: 6-135-20 W  Fraction ( 1/4 1/4 1/4): SE SE SW	6-135-20W
Fraction ( ¼ ¼ ¼):	£2 SE SW
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Written & legal descrip	ption, county ownership
man and massive tool & are	tial aboto as Kas website

initials: DR date: 11/24/2008

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.

WATE	R WELL R	ECORD	Form WW	/C-5	Division of Wat	er Resources; App. N	<sub>Io.</sub> [	
1 LOC	ATION OF V	WATER WELL:	Fraction		Section Number	Township Numl		
	ty: F311.i		SE14 SE14		. 6	T 13 S	R 20 E/W	
			wn or city street address o		T 414 1		degrees, min. of 4 digits)	
locate	ed within city	/ A 2/2 RL	les west of Ellis,	, 20	Latitude:			
2 WA	TER WELL	OWNER: Do	uc Cuclor		101			
RR#	. St. Address.	OWNER: DO: 210	098 400th Ave		Datum:			
City,	State, ZIP Co	ode : El	lis,KS 67637		Data Collection	Method:		
	ATE WELL		COMPLETED WELL	50	ft	7-17-1		
	ATION							
	H AN "X" IN	Depth(s) Groun	ndwater Encountered (	1)19	ft. (2)	ft. (	(3) ft.	
SEC'	WITH AN "X" IN Depth(s) Groundwater Encountered (1)							
	N	Pump	test data: Well water was	s19	ft. after	hours pumpi	ıgBa <u>iling</u> gpm	
1								
w   NV	V NE	E 1 Domestic	3 Feedlot 6 Oil f	ield water si	unnly 9 De	watering 12	Other (Specify below)	
"	<del></del>	2 Irrigation	4 Industrial 7 Dom	nestic (lawn	& garden) 10 Mo	nitoring well	(optom)	
'	V SE			`	,	· ·		
3	V   SE		l/bacteriological sample s					
<u>''</u>		Sample was su	bmitted	Wate	er well disinfected?	? Yes No		
	S							
1	E OF CASIN	G USED: 2 5 W	rought Iron 8 C	oncrete tile	CASIN	IG JOINTS: Glue	d Clamped	
1	Steel 3 I PVC 4 A	RMP (SR) 6 A ABS 7 Fi	sbestos-Cement 9 O	ther (specify	below)	Weld	ed aded	
			berglass50 ft., Diameter.		in to	Diameter	in to ft	
Casing l	neight above l	and surface	24 in., Weight	201	lbs./ft. Wall th	ickness or guage N	0	
TYPE C	OF SCREEN C	OR PERFORATION	MATERIAL: 7	2.91			• 1.2	
1			5 Fiberglass 7 PVC					
_			6 Concrete tile 8 RM	(SR) 10	Asbestos-Cement	12 None used (d	pen hole)	
1	N OR PERFO Continuous sl	RATION OPENING ot 3 Mill slot	GS ARE: O  5 Gauzed wrapped	7 Torob out	0 Deillad hala	11 None (on	on hole)	
			d 6 Wire wrapped					
SCREE	N-PERFORA	TED INTERVALS:	From50 ft.	to30	ft., From	ft. 1	to ft.	
			From ft.	to	ft., From .	ft.	to ft.	
	GRAVEL PA	ACK INTERVALS:	From50 ft.	to20	ft., From .	ft.	to ft.	
			From ft.	to	ft., From .	ft.	to ft.	
6 GRO	UT MATER	IAL:3 1 Neat cem	ent 2 Cement grout 3	Bentonite	4 Other			
	ntervals:	From20 f	it. toQ ft., From		ft. to	ft., From	ft. toft.	
What is	the nearest so	ource of possible cor	ntamination: none			-		
	Septic tank		al lines 7 Pit privy			nsecticide storage	16 Other (specify	
1	Sewer lines	5 Cess p				Abandoned water w	,	
			ge pit 9 Feedyard		•	oil well/gas well		
FROM	TO		DLOGIC LOG	FROM	<u> </u>		INTERVALS	
0	4	Top soil	DEOGIC EOG	TRON	1 10	120001110	HTTDICTIES.	
Į,	20	Gunbo				4.7	-11	
20	40	Sand					7,35.1	
40	50	Shale					•	
						4,444		
			•					
		211°26.	777			***************************************	***	
7 CON	TRACTOR'S	OR LANDOWNI	ER'S CERTIFICATION	: This wate	r well was (1) cons	structed. (2) recons	tructed, or (3) plugged	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)								
Kansas Water Well Contractor's License No. 0199 This Water Well Record was completed on (mo/day/year) 10/10/18								
under the business name of St Water Well Drilling & Service, Eyn(signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the organization of the property of the propert								
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underfude or circle the force answer. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 6672-1367. Telephone								
785-296-3	5522. Send of	one to WATER WE	LL OWNER and retain on	e for your	records. Fee of \$	5.00 for each const	tructed well. Visit us at	
http://www.kdheks.gov/waterwell/index.html.								