## CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information)

Location listed as:	Location changed to:										
Section-Township-Range: 7-115-27 W	8-135-20W										
Fraction ( 1/4 1/4 1/4):	C SE NW										
Other changes: Initial statements:											
Changed to:											
Comments:											
verification method: Wellsite address, city street map, and mapping tool & aerial photos on KGS website.											
mapping tool & aerial photos	on KGS website.										
	initials: DRL date: 10/30/2009										

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.

11000	TON OF WATE	ED MELL:			ELL REC	ORD	Form WWC-5		2a-1212	Towns	hin Ni	nher	D^	inge Numbe	ar T
County:	ION OF WAT	ER WELL: Ellis			JE .	, e	w 1/4	ction Numi	I		ship Nur 11	nber S		27 W	E
			town or city stre									3	I K	~! <b>44</b>	
_1014/100 01	unconon in						ner of Site								
2 WATER	R WELL OWN	ER: Les	Weber												
RR#. St. A	ddress. Box #	: 715	W. 10 <sup>th</sup> St.						E	Board of	f Agricu	lture, Div	ision of V	Vater Reso	urces
City, State.	ZIP Code	Ellis	s, Ks 67637								ion Nun				
LOCAT	E WELL'S LO	CATON W	ITH .				^	•							
AN "X"	IN SECTION I	BOX:	- DEP IM				2								
			Depth(s) Gr						ft. 2			ft.	3		Ft.
_	N						NA f								
<b>†</b> Г		į					ter was								Gpm
	NW	NE	Est. Yield		Gpm:	Well wat	ter was		. Ft. afte	er		Hours	pumping		Gpm
	i	i	Bore Hole [	Diameter	8.62	In. to		:3	Ft. a	nd		ii	n. to		Ft.
§ w ₽	1	_	E WELL WAT	ER TO BE	EUSED	AS: 5	Public water Oil field wate	supply	3	Air co	nditioni	ng 1	1 Injecti	on well	
ī	X						Lawn and ga							(Specify be	iow)
-	sw	SE	2 Irrig				Eawn and ga e submitted to							/ur comple	
1		į	l	nical/bacte	enologica	n sample	e submitted to		Water W						was
F 7/05 6	OF BLANK ČA		Submitted	-	10/	4 1	0 0								-
					Wrough						JOIN			Clamped	
1 <u>St</u>		_	MP (SR)				ent 9 Othe	r (specity t	pelow)			Weld			
2 P\	/C	4 AE	S	7	Fibergla	iss		<b></b>				Thre	aded	X	
Blank casir	ng diameter	1	in. to	21.5	Ft., Dia		ln.	to	Ft. Di:	., а			in. to		ft.
Casing hei	aht above land	d surface	FLUSH	in. v	veight		SCH 40	Lbs	s./ft. Wal	l thickn	ess or o	auge No	 ).		
			TION MATERIAL					PVC							
1 St			ainless steel		Fiberala	ass									
2 Br			Ivanized steel	6	Concret	e tile	9	ABS	•/				en hole)		
SCREEN C	OR PERFORA	TION OPE	NINGS ARE:			5 Gau	uzed wrapped		8	Saw cu	at		11 Nor	ne (open ho	ile)
1 Cc	ontinuous slot		3 Mill slot							Drilled					
2 Lo	uvered shutte	r	4 Key punche	d		7 Tor	ch cut		10	Other	(specify	/)			
SCREEN-F	PERFORATED	INTERVA	LS: From	21.5	f1	t. to	23	f	ft. From			ft. f	to		ft.
			From		f1	t. to		f	ft. From			ft. 1	to		Ft.
SA	ND PACK IN	TERVALS:	From	20.5	ft	t. to	23	f	ft. From			ft. 1	to		Ft.
			From			t. to		f	t. From			ft.			
6 GROUT	MATERIAL:	1 Ne	eat cement	2 Cen	nent grou	ıt	3 Be	ntonite	4 0	ther					
				F	=t		Ft								1
Grout Inten	vals From3	10.5	ft. to 2	U.5	-rom2			10 15	vestock					tor.well	
		•	ole contamination		7	Dit pri	0.4							water well	
	•		4 Lateral I				•		uel storaç						$\overline{}$
	ewer lines	Р	5 Cess po			-	ge lagoon		ertilizer s	•				oify below)	
	atertight sewe	riines	6 Seepage	e pit	9	Feedy	ard		secticide	•	е	Co	iilaiiiii	nateu Si	te
Direction fr	T	CODE			2100		FDOM		any feet?		DLUG	CINO I	ITED\ (A)		
FROM	TO	CODE		THOLOGIC	LUG		FROM	ТО			PLUC	SGING II	NTERVA	LS	
.5	.5 21		Gravel Silty Clay				<u> </u>								
21	23		Sand					-							
23	TD		END BORE	HOLE				-				-			
						*									
								-	-		•				
								-							
		-							-						
7 CONTR	ACTOR'S OR	LANDOW	NER'S CERTIFI	CATION:	This wat	er well v	vas (x) constri	icted (2) r	econstru	cted o	r (3) nlu	aged und	der my iu	risdiction ar	nd w
	on (mo/day/yi		009		o wat	J. 11011 V	vas (x) constru And t	his record	is true to	the he	st of my	knowler	de and h	nelief Kans	sas
•			·	58	35		This !	Mater Mai	I Record	was co	mnleter	d on /mai	igo anu t Idaviviri	10/12/2	009
	ousiness name							valer vvei					Johns		
INSTR	RUCTIONS: PI	ease fill in hi	anks and circle the	e correct an	swers S	end three	e copies to Kan	sas Departi	ment of H	ealth an	d Enviro	nment Bi	reau of M	Vater, Tobek	at .
Kansa	s 66620-0001	Telephone:	913-296-5545.	end one to	WATER	WELLO	WNFR and reta	in one for v	our record	ds `				(17)	7