County: Ellsworth Fraction SWNW NW NE	Sec
CORRECTION(S) TO WATER WELL COMPI (to rectify lacking or incorrect in	LETION RECORD (WWC-5)
Owner: <u>City of Wilson</u>	normation)
Location was listed as:	Location changed to:
Section-Township-Range: 19-195-10W	19-145-10W
Fraction (1/4 1/4 1/4):	SW NW NW NE
Other changes: Initial statements:	
Changed to:	
Comments:	
Verification method: Latitude & longitude, K written description & city stree	GS'LEO" conversion tool,
written description & city stree	t map, and mapping tool
on KGS website.	initials: DR date: 10/3/20/2
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Corto: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jacks	istant Ave., Lawrence, NS 00047-3720

mw-4

WATER WELL REC	ORD	Form W	WC-5	Di	vision of Wate	r Resources Ap	p. No	, L		
1 LOCATION OF WAT	TER WELL:	Fraction	1 1		on Number	Township N				
County: Ellswor Street/Rural Address of	<u>+</u>	140W 140h) 1/4 1/1 tm 1/2	Clab	19 Docitioning	System (GP:			TE XIM	
from nearest town or in				Latit	ude: . 3.8 8.7	2621	}	(in deci	mal degrees)	
NW . f 26th + Ave, F, Just north of water					Longitude: 9.8.4.75.5.2					
tower.					Elevation:					
2 WATER WELL OWNER: City of Wilson					Datum: WGS 84, NAD 83, NAD 27 Collection Method:					
RR#, Street Address, Box #: 7 1/00 1/408					GPS unit (Make/Model:)					
City, State, ZIP Code: City Plate, 270790					☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est, Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m					
3 LOCATE WELL		1	+ (and the same			***************************************	and the second s	Since the same of	
WITH AN "X" IN SECTION BOX:	Denth(s) Ground	COMPLETED WEL	ሌት (1)	}. ⊕	π.	ft	C	3)	ft	
N N	Depth(s) Groundwater Encountered (1)									
	Pump test data: Well water was									
NW NE	EST. YIELD	gpm. Well water teterin. to .	r was	ft Desc 18	afterin	hours p	oum	oing A	gpm	
W E	WELL WATER	TO BE USED AS: [Public wa	ter supp	lv □ Ge	othermal	\sqcap Ir	niection w	ell	
sw se	□ Domestic	☐ Feedlot ☐	Oil field wa	ter suppl	ly 🗌 De	watering	\Box C	ther (Spec	cify below)	
		☐ Industrial ☐							*********	
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted										
annesses milessesses		fected? Yes 🛛								
5 TYPE OF CASING U					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****	dazmir dazmi	~	^************************************	
CASING JOINTS:					0 5	• ,			•	
Casing diameter	nd surface	242 ft., Diameter	in t	. to // lbs	It., D B Wall thic	tameter	re No	. m. to 5cl	π. 40	
TYPE OF SCREEN OR I										
Steel Stai	nless Steel	⊠ PVC		Other (Specify)	***************		*********		
☐ Brass ☐ Gall SCREEN OR PERFORA	vanized Steel TION OPENING	☐ None used (open less ARE:	ioie)							
☐ Continuous slot	Mill slot	Gauze wrapped	Torch cut	☐ Dr	illed holes	☐ None (oper	ı hole	:)		
Louvered shutter Key punched Simple Wire wranged Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From										
		From	ft. to		ft., From	**************	. ft. t	0:	ft.	
GRAVEL PACK INTERVALS: From										
6 GROUT MATERIAL	· [] Nest cem									
6 GROUT MATERIAL Grout Intervals: From		Jft., From	n	ft. to	Outor ft.,	From	****	. ft. to	ft.	
What is the nearest source	of possible conta	amination:					_			
Septic tank Sewer lines	Lateral lir	nes Pit privy Sewage lagoon	☐ Livestock ☐ Fuel stora		☐ Insecticide ☐ Abandoned		Oth	er (specify	below)	
Watertight sewer li	ines 🔲 Seepage r	oit Feedyard	Fertilizer:	storage	Oil well/ga	as well			********	
Direction from well	LITHOLOG		FROM	from w		OG (cont.) or		CCING II	UTEDVALC	
FROM TO	LITHOLOG	MC LOG	FROW	10	Lino. L	od (cont.) or	FLU	<u>domo n</u>	VIDICVALO	
5 10 00	11 b do	-O								
10 19 5:16	Clay, It red	bin, dage			-	North the state of			*******************************	
19 25 Jand,	1+b~ fgr,	mo 7 1			<u></u>			maj wasan kanal kultual libaka araw, alam kani k		
76 42 Sand	Garage And Ann	egr, muilt			 	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	inguniterispurary rady open sistempura optimanemoj	
92 10 Sand	Car Her	and the same of th								
	: J : /			mantari galar dada meneranya tan						
						· · · · · · · · · · · · · · · · · · ·				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☐ reconstructed, or ☐ plugged										
under my jurisdiction and was completed on (mo/day/year) . S S J. 2 and this record is true to the best of my knowledge and belief.										
Kansas Water Well Contractor's License No. 600.9 This Water Well Record was completed on (mo/day/year)										
INSTRUCTIONS: Use ty pewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies										
(white, blue, pink) to Kansas Depar tment of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. I nelude fee of \$5.00 for each constructed well. Vi sit us at										
http://www.kdheks.gov/waterwe				*************						
KSA 82a-1212				C	heck: 🔲 W	hite Copy,	Bit	ie Copy,	Pink Copy	