County: <u>Ellsworth</u> Fraction <u>SENW NE</u>	Sec <i>19</i> T <i>14</i> S_R <i>10</i> BW
CORRECTION(S) TO WATER WELL COMP (to rectify lacking or incorrect) Owner: Russell Koeniqsman	
Location was listed as:	Location changed to:
Section-Township-Range: /9-/45-//W Fraction (1/4 1/4 1/4): SW NW NE	19-145-10W
Fraction (¼ ¼ ¼):	SE NW NE
Other changes: Initial statements:	
Changed to:	•
Comments:	
Verification method: Wellsite address, city	street map, and
mapping tool on KGS website	•
77 3	initials: OR date: 6/2 3/2016
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Corto: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jacks	nstant Ave., Lawrence, KS 660473726

1 LOCATI	ION OF WATE	ED WELL.	Fract		R WELL F	RECOR	D For	n WWC-5	KSA ction Nu	82a-12		ship Nur	nher	Ran	nge Numbe	or]
	Ells			1011 E 1/2	NW	1/4	NE	1/4	19		T	14		R	•	" w
	nd direction fro		town or city	street ad	dress of w	vell if lo	cated wi	thin city?			L	• •				
						Aveni	ue E, V	Vilson, K	ansas	<u> </u>						
	WELL OWNE			nysma	411						Board (of Agricus	Huro Div	icion of M	lator Boso	ursos
City State	ZID Code	Wils	ion. KS 6	7490							Annlica	tion Nun	her.		ater Reso	uices
LOCATI	E WELL'S LO	CATON WI	TH A	1 700							Дриса	tion real	ibci.			
3 AN "X" I	E WELL'S LO N SECTION E N	BOX:	DEP	TH OF C	OMPLET	ED WE	LL	5	5ft.	ELEV	ATION:		1	187.36		
	N		Depth(s) Ground	water End	counter	ed 1.5	4	4	ft.	2 urface mea		^{ft.}	3		Ft. 귂
Î	į	X	WELL'S	STATIC	WATER	LEVEL	44	1.01 ft	. below	land su	urface mea	sured or	mo/day/	/yr	03/02/16	쥬
	NW	E		Pump	test data	: We	ll water v	vas		Ft	t. after t. after		_ hours p	oumping		Gpm 5
l eije W –	1	i	Est. Yiel	ld	Gpm	: We	ll water v	vas		Ft	t after		_ Hours I	pumping		Gpm ITI
- W		i	E Bore Ho WELL V	le Diame /ATER T	OBFUS	FD AS:	n. to	O Olic water o	D		ft. and	onditioni	na 1	1. to 1. Injectio	n well	⊦.' 💆
	sw	SE	1 1	Domestic	3 Fee	d lot	6 Oil	field water	supply		9 Dew	atering	i:	2 Other (Specify be	low)
	1		2 1	rrigation	4 Indu	ıstrial	7 Lav	vn and gar	den (do	mestic) 10 Mo	nitoring v	veli	N	/W-2	
ľ	<u> </u>	!	Was a c	hemical/l	bacteriolo	gical sa	mple su	bmitted to	Departi	ment? \	Yes	No X	If yes	, mo/day/	yr sample v	was
	S		Submitte	ed						Wat	er Well Dis	infected	? Yes		No X	
5 TYPE O	F BLANK CA	SING USE	D:			ught Iro	on	8 Conc	rete tile		CASIN	G JOINT	S: Glue	d	Clamped	
1 Ste	eel	3 RM	IP (SR)		6 Asb	estos-C	ement	9 Other	(specif	y belov	v)		Weld			
2 PV	C.	4 AB	S		7 Fibe	-							Thre	aded	X	
Blank casin	g diameter	2	in to	40	Ft.	,		In	to		ft Dia			in to		ft
Casing heig	tht above land	l surface	FLUS	H	In weigh	 t	SC	H 40	٠ ١	 bs /ft	Wall thick	ness or o	auge No			"
	CREEN OR F				, weign						10					
1 Ste			inless steel		5 Fibe	rglass		٥	DMD/	CD)	1.	Other	(cnacifu)		•	
2 Bra			lvanized stee	el	6 Con	crete til	е	9	ABS		12 8 Saw c	None	used (ope	en hole)		
	R PERFORA					¬ 5	Gauze	l wrapped						11 None	e (open ho	le)
	ntinuous slot		3 Mill slot				Torch o	apped			9 Drilled		٨			
	uvered shutter ERFORATED		4 Key pund		40					ft Er	10 Other	(Specify	'' ft f			
SONLLIN	LIN OIVAILE	Z II VI LIVYA									rom					- •
SAI	ND PACK INT	ERVALS:	From	·)	38	ft. to		55		ft. Fr	rom		ft. t	0		[.] 70 Ft.] 70
			From								rom					Ft.
6 GROUT	MATERIAL:	1 Ne	at cement													
	als From2	0.5		26	Ft.		26	Ft.		20				~ .		
Grout Interv	vals From2 nearest source	U.S	ft. to	otion:	From	3	30	to	10	Liveste	π. Fock pens	rom	14 Ab	T. το	vater well	^{π.}
	ptic tank	•				7 Pi	t nrivv				torage					1
	wer lines		5 Cess				ewage la				er storage			ner (speci		
	atertight sewer	rlines		age pit			edyard				icide storac				ated Si	te .
Direction fro	- ,			- 5 - 7 -			•			many f	-					
FROM	то	CODE		LITHOL	OGIC LO	3		FROM	T	0		PLUC	GING IN	ITERVAL	S	
0	0.5		Gravel Di		ea (6-8	")										%
0.5	12		Silty Clay													``
12 32	32 50		Sandy Cl Clean Sa						+	-						
50	55		Sandy Cl						+							
55	TD		End of Bo	orehol	е											
			·						-	-						
		ļ									·		-			
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				· .												
					····			<u> </u>	-							
7 CONTRA	ACTOR'S OR	LANDOW	NER'S CERT	TFICATION	ON: This	water w	ell was	(x) constru	cted, (2) recon	nstructed. c	r (3) plu	gged und	er my iun	sdiction an	id w
Completed of	on (mo/day/yr)		02/29)/16			And th	nis reco	rd is tru	ue to the be	est of my	knowled	ge and be	elief. Kans	as
Water Well	Contractor's L	icense No.			585			This V	Vater W	ell Rec	cord was co	ompleted	on (mo/	day/yr)	03/16/	16
under the bu	usiness name	of	Ass	sociate	ed Env	ironn	ental	Inc.		By	(signature	Bra	dley J.	Johns	on	
INSTRI Kansas	UCTIONS:. Pie 66620-0001.	ease fill in bla	anks and circle	the corre	ct answers	s. Send	three co	pies to Kans R and retai	as Depa	artment	of Health ar			(((0)	ater Topeka	a,
i varioas	. 30020-0001.	. o.opriorie.						_ carre retal		,		D	weeks.	1/9	hon	