| (to rectify lacking or incorrect | ct information) County: Saline | | | |
|---|--|--|--|--|
| Location listed as: | Location changed to: | | | |
| Section-Township-Range: None Given | 36-145-3W | | | |
| Section-Township-Range: None Given Fraction (1/4 1/4 1/4): NE SW SW | NE SE SW | | | |
| Other changes: Initial statements: | | | | |
| | | | | |
| Changed to: | | | | |
| | LIME TO SECOND S | | | |
| Comments: | | | | |
| | | | | |
| verification method: Well address, city mapping tool on KGS websit | street map, and | | | |
| mapping tool on KGS websi | te. ' | | | |
| 11) | initials: ODI data: 9/0/2000 | | | |

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

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 WELI | REC | CORD | For | rm WWC- | -5 | Division of W | ater Resources; App. No. | |
|--|--|------------------|----------------------------|---------------------|---|--------------------------|--|--|------------------------------------|
| | | | TER WELL: | Fractio | on SW 1/4 S | (n) | Section Number | | |
| | nty: SA | | | wn or city street | | | Clabal Dasitioni | T S | R E/W |
| | ted within c | :0 | | • | | | | ng Systems (decimal deg | |
| | | C | 2950 | BEEKL | ity Lo | INE | | 7/18 A - 1/2 | |
| 2 WA | TER WEI | LL OW | NER: JLE | EMY M | LBEAT | TT | Elevation: | 10.1 | |
| KK | #, St. Addre | ess, Box | # 295 | O BREK | LKY LI | コルニ | Datum: | | |
| | y, State, ZIF | | JAL | O BREK | 6740 | / | Data Collection | | |
| l | CATE WE | LL'S | 4 DEPTH OF | COMPLETED | WELL | <i>Ce.</i> 1. | | ft. | |
| Į. | CATION FH AN "X" | , _{IN} | Depth(s) Group | ndwater Encount | ered (1) | | ft (2) | ft. (3) | ft. |
| | CTION BO | ' | WELL'S STA | TIC WATER LE | VEL 2.4 | ft. | below land surfa | ce measured on mo/day | /vr 06-23-01 |
| | N | | Pump | test data: Well | water was | Q.C | ft. after! | hours pumping | ಎ.o gpm |
| | | | Est. Yield | gpm: Well | water was | | ft. after | hours pumping | gpm |
| | W NE - | | 1 Domestic | | AS: 5 Publ | ic water su | supply 8 A pply 9 D | ir conditioning 11 Inj | ection well her (Specify below) |
| W | | E | | | | | | onitoring well | |
| | W SE - | | _ | | | _ | , | | |
| Ž, | 1 1 | | Was a chemica | l/bacteriological | sample subn | nitted to I | Department? Ye | s | If yes, mo/day/yrs |
| L | S | | Sample was su | bmitted | • | . Wate | r well disinfected | 1? Yes No | |
| 5 TVD | | INC U | CED. 5 W | rought Iron | 9 Cama | | CASI | NC IODITC. Cl. 1 | Z Cl. 1 |
| l | | 3 RMP | | sbestos-Cement | | rete tile r (specify | below) | NG JOINTS: Glued | Clamped |
| _ | | 4 ABS | | | | | | Threaded | |
| Blank o | easing diame | eter | in. to . | 5.6 ft., D | Diameter | <u>.</u> i | n. to f | t., Diameter | in. toft. |
| Casing | height abov | e land | surface | (in., W | Veight /. | <i>o</i> O1 | lbs./ft. Wall ti | hickness or guage No. | 100 26 |
| 1 | OF SCREE! Steel | | ERFORATION nless Steel | 5 Fiberglass | 7 PVC | 9 Δ | BS | 11 Other (Specify) | |
| | Brass | | | | | | | 12 None used (open | |
| | | FORA? | TION OPENING | GS ARE: | | | | | , |
| 1 | Continuous | s slot | 3 Mill slot | 5 Gauzed w | rapped 7 T | orch cut | 9 Drilled hole | es 11 None (open h | ole) |
| SCREE | Louverea s | Snutter RATED | 4 Key punche INTERVALS: | G 6 Wire Wrap | pea 8 S | saw cut | ft From | ify) ft. to | |
| JUNE | | | | From | ft. to . | | ft From | ft to | ft |
| | GRAVEL | PACK | INTERVALS: | From | ft. to . | ز م) | ft., From | ft. to | ft. |
| | | | | From | ft. to . | | ft., From | ft. to | ft. |
| 6 GRO | OUT MATE | ERIAL | : 1 Neat ceme | ent 2 Cement g | grout 3 Be | ntonite_ | 4 Other | | |
| Grout I | ntervals: | Fron | n f | t. to | ft., From | | ft. to | . ft., From | ft. toft. |
| l | | | of possible con | | | 10.71 | | | |
| | Septic tank Sewer line | | 4 Latera 5 Cess p | al lines 7 Pit priv | • | 10 Livesto 11 Fuel st | - | Insecticide storage Abandoned water well | 16 Other (specify below) |
| I | | | lines 6 Seepa | | | | | | |
| | | | SOUTH | | | | | D | |
| FROM | | | | DLOGIC LOG | | FROM | ТО | PLUGGING INT | ERVALS |
| 0 | 34 | FIL | | <u> </u> | n 4 | | | | |
| 36 | 41 | | | E TO ME | | \ | | | |
| 61 | 4, | | IALL AL | | 10 / P:N | 1 | | | |
| _ | | | | <i></i> | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
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| | | | | | | | | | |
| | | | | | | | - | | |
| | | | | | | | | | |
| 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) | | | | | | | | | |
| under the business name of PEST INCLE PUMP SIA by (signature) by (signature) | | | | | | | | | |
| INSTRU | CTIONS: 11 | name o | iter or hall point po | en. PLEASE PRESS | FIRMLY and P | PRINT clear | / (signature) | nks, anderline or circle the | orrect answers Sand ton |
| three cop | ies to Kansas | Departme | ent of Health and E | nvironment, Bureau | of Water, Geolo | gy Section, | 1000 SW Jackson S | t., Suite 420, Topeka, Kansas | 66612-1367. Telephone |
| 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html. | | | | | | | | | |
| | | | | | Tra : o | 2 1212 | | | |