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

(to rectify lacking or incorrect information)

(to rectify lacking	County: Saline
Location listed as:	Location changed to:
Section-Township-Range: //- /4 5-3	E 11-145-3W
Fraction (1/4 1/4 1/4): SE SW NU	NE SE SW NW
Other changes: Initial statements: Latitude:	38.5/00°, Longitude: 97.3737°
Changed to: 38° 51′ C	97° 37′ 37″
Comments:	`
verification method: <u>Wellsite</u> address,	city street map, revised Lat./Long. sol, and mapping tool on KGS website. initials: DRL date: 3/22/2011

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.

WATER WEL	L RECORD	Form WWC-5	Divis	ion of Wat	er Reso	urces; App. No.				
County:	OF WATER WELL: Saline	SE 4 SW 4	۱w ۷	11	umber Township Number Range Numb			R 3 E		
Distance and direc	tion from nearest town	or city street address of	well if GI	obal Posit	tioning	System (decim	ıal degr	ees, min. of 4 digits)		
located within city				atitude: ongitude:	38.51	100°				
1336 West North	L OWNER: Mid K	ansas Cooperative	L	levation:	TOC:	: 1221.87; RIM	· 1222	12		
	ss, Box # : 307 W			Patum:	NAD	1986	1222	.12		
City, State, ZIP	Code : Mound	lridge, KS 67107				lethod: legal s	urvey			
3 LOCATE WE	LL'S 4 DEPTHOI	F COMPLETED WELL	L 25			ft.				
LOCATON				MW1						
WITH AN "X"	" IN Depth(s) Grou	ndwater Encountered 1			.ft. 2		ft. 3	ft.		
SECTION BO	X: WELL'S STA	TIC WATER LEVEL	17.99 ft.	below lan	d surfa	ce measured or	ı mo/d	ay/yr 1/12/11		
N	Pum	p test data: Well water gpm: Well water	was	ft. a	after	hours	pumpi	nggpm		
	Est. Yield	gpm: Well water	was	ft. a	after	hours	pumpi	ng gpm		
NW NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well										
W X Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)										
W										
SW SE Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs										
S	Sample was su	bmitted	540111110 u	W	ater W	ell Disinfected	? Yes	No X		
5 TYPE OF CA	SING USED: 5	Wrought Iron	8 Concrete	tile	CASI	NG IOINTS:	Glued	Clamped		
1 Steel	3 RMP (SR) 6	Asbestos-Cement	Other (si	pecify belo	ow)		Welde	d		
(2) PVC	4 ABS 7	Fiberglass	(-)		,		Threac	led X		
Blank casing diam	eter 2 in. to	10 ft., Dia	in	. to	ft.,	Dia	in.	to ft.		
Casing height below	v land surface 0.2	Fiberglass 10 ft., Dia 15 ft., Weight		lbs./f	t. Wal	l thickness or g	auge l	No.		
TYPE OF SCREE	N OR PERFORATION	N MATERIAL: berglass 7 PVC correte tile 8 RM (SR)		~						
l Steel 3 S	tainless steel 5 Fi	berglass (7) PVC	9 AE	BS baataa Ca		11 Other (spe	cify)	. 11		
IN KHENTIK PER	FURALILIN UPPNIN	ILYN ARH:								
1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 10 ft. to 25 ft. From ft. to ft.										
2 Louvered s	hutter 4 Key punch	ed 6 Wire wrapped	8 Saw C	cut 1	0 Other	r (specify)				
SCREEN-PERFO	RATED INTERVALS	: From 10	ft. to	25	ft. Fro	om	ft. to	oft.		
		From	n. to		n. Fro	om	II. to	o II.		
GRAVELP	ACK INTERVALS:	From 8	π. το	25	n. Fro	om	n. to) ft.		
		From	π. το		n. Pro	om	H. 10	οπ.		
6 GROUT MAT	ERIAL: 1 Neat cer	nent 2 Cement grout	(3) Benton	ite (4	Other)	Concrete: 0-5	ft			
		8 ft. From	tt. t	0	ft.	From		ft. to ft.		
	t source of possible co		Λ I iveates	1r nona	12 Inco	atiaida Stamaa		16 Other (anesify		
1 Septic tank 2 Sewer lines	5 Cess poo	1 2	0 Livestoc			ecticide Storage andoned water		16 Other (specify below)		
1							WCII	ociow)		
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? Within basin 12 Fertilizer storage 15 Oil well/ gas well How many feet? Within basin										
FROM TO	LITHO	LOGIC LOG	FROM	ТО		PLUGGING	INT	ERVALS		
0 5	Black clay with gravel	· · · · · · · · · · · · · · · · · · ·	7 7 7 7 7 7							
5 25	Gray silty clay									
					Eluahma	and make from	DOW/			
					Fiusnino	ount waiver from	BUW			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was beconstructed, or (3) plugged										
under my jurisdiction and was completed on (mo/day/year) 1/10/11 and this record is rule to the best of my knowledge and belief.										
Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 2/15/11 under the business name of Larsen & Associates, Inc. by (signature)										
			by (signatu	. —	=					
INSTRUCTIONS: Pl	ease fill in blanks or circle t SW Jackson St. Suite 420	he correct answers. Send top t Topeka, Kansas 66612-1367.	hree copies to Telephone 78	Kansas De 5-296-5522	actinent	of Health and Env. ne to WATER WE	ironmen LL OW	t, Bureau of Water, NER and retain one for		
Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. To 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.										