County: Ellsworth Fraction SE SW NL	1) Sec. 12 T 14 S R 10 EW
CORRECTION(S) TO WATER WELL COM	
Owner: Gordon Homeier	et information)
Location was listed as:	Location changed to:
Section-Township-Range: 12-145-9W	12-145-10W
Fraction (1/4 1/4 1/4): SE SW NW	SE SW NW
Other changes: Initial statements: 10 miles east	\$ 2 miles north of Wilson, KS
Changed to: From Wilson: 4 mi. E.,	1.5 mi. N.
Comments:	
Verification method: <u>Information</u> in WIMAS County ownership directory	water rights database, and mapping tool & aerial
county ownership directory, photos on KGS website.	initials: OR date: 8/31/2015
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Cto: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jac	

WATE	D WF1	LL RECORD	Form W	WC 5	D		D A N	47669			
		OF WATER WELL:	Fraction	WC-3		ion Number	r Resources App. N Township No.	Range Number			
Cour	-	Ellsworth	174 SE 1/4 SW	1/4 NW 1/4		12	T 14 S	R 9 DE KW			
		Address of Well Location; i	l .			al Positioning	System (GPS) in				
from	nearest	town or intersection: If at o	owner's address, chec	k here 🔲.				(in decimal degrees)			
10	miles	east & 2 miles nor	th of Wilson,	KS				(in decimal degrees)			
					Elev	ation:	<u></u> <u></u>	<u>.</u>			
2 33/4	TED W	FILL OWNED: Combo	n Homeier				4, □ NAD 83, □] NAD 27			
2 WATER WELL OWNER: Gordon Homeier RR#, Street Address, Box #: 1585 Ave. B						Collection Method: GPS unit (Make/Model:)					
City, State, ZIP Code : Ellsworth, KS 67439						☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey					
Elisworth, RS 07439						Est. Accuracy:					
3 LOC	3 LOCATE WELL 75										
1	H AN "X		COMPLETED WEL	، لـــ ،			_				
SEC	TION BO	Depth(s) Ground	lwater Encountered	30	ft.	. (2)	ft. ((3) ft. lay/yr. 4/9/12 ft.			
		WELL'S STATI	C WATER LEVEL		below.	land surface i	measured on mo/c	lay/yr			
		Pump	test data: Well wat	er was	II a	n. anter	nours pum	npinggpm npinggpm			
1 1 .	W N	EST. TIELD	eter	75	ft and	in aller	to	rpinggpm			
W X			TO BE USED AS: [Injection well			
	.	□ □ Domestic						Other (Specify below)			
SV	V S	X Irrigation									
			bacteriological sampl								
	S		day/yr sample was su								
	1 mile	Water well disin	fected? 🛂 Yes 🔲	No							
5 TYPI	E OF C	ASING USED: Steel	X PVC □	Other		*******					
		TS: 🖪 Glued 🔲 Clan				***************************************	*****				
		ter 8 in to 35.				ft., D	iameter	in. to ft,			
		above land surface12									
TYPE	OF SCR	EEN OR PERFORATION									
_	Steel		₽ PVC	, [] Other ((Specify)					
	Brass		None used (open l	nole)							
		ERFORATION OPENING ous slot Mill slot	S AKE: Gauze wrapped	Torch cut		illed holes	□ None (open hol	اما			
	Louvere	d shutter \(\square\) Key punched	☐ Wire wrapped	Saw cut		her (specify)					
SCREE	N-PERI	d shutter	From35	<u>ft. to</u>	. <i></i>	ft., From	ft.	to ft.			
		EL PACK INTERVALS:	From	ft. to		ft., From	ft.	to ft.			
	GRAV										
								to ft.			
		TERIAL: Neat ceme									
	itervals:	From 0 ft. to est source of possible conta					From	ft. toft.			
	Septic ta		es Pit privy	Livestock		: Insecticide	storage D Oth	her (specify below)			
	Sewer li		Sewage lagoon				d water well	ner (specify below)			
		tht sewer lines 🔲 Seepage p		Fertilizer s		Oil well/ga					
		m well		. Distance	from w						
FROM	TO	LITHOLOG	IC LOG	FROM	TO	LITHO. LO	OG (cont.) <u>or</u> PLU	JGGING INTERVALS			
0	2	Topsoil						·			
2	21	Clay, tan		İ							
21	35	Sand, medium coars					_				
35	42	Sand & gravel, coa	rse			ļ.					
42	60	Shale, gray									
60	70	Sandstone, fine, w	hite								
70_	90	Shale, gray/white		-							
ļ											
<u></u>				1							
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)											
Kansas Water Well Contractor's License No. 138 This Water Well Record was completed on (mo/dpy/rear) 4/13/12											
under th	e busine	ss name of Peterson I	rrigation, Inc	F	. by (:	signature) I	The Retrie	*			
under the business name of .Peterson Irrigation, Inc. by (signature) INSTRUCTIONS: Use typewriter 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 Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.											
		-5524. Send one copy to WAT gov/waterwell/index.html.	ER WELL UWINER and	retain one for y	rour reco	nus. Include <u>fee</u>	OL SOLUTION CACH C	constructed well. Visit us at			
KSA 82a-1212											