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

(to rectify lacking or incorrect information)

	County: Saline
Location listed as:	Location changed to:
Section-Township-Range: None Given	21-155-3 W
Section-Township-Range: None Given Fraction (1/4 1/4 1/4):	SE SE NE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Well address, county	road map, and
verification method: Well address, county mapping tool on KGS well	site.
	initials: ARL date: 9/5/2008

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 RECO	ORD	Form WWC	-5	Division of V	Vater Resources; App. No.		
1 LOCATION	OF WATI	ER WELL:	Fraction		Section Number	er Township Number	Range Number	
County: む	ALIK) E	1/4 1/4	1/4		T S	R E/W	
Distance and direction from nearest town or city street address of well if					Global Positioning Systems (decimal degrees, min. of 4 digits)			
located within	city?	1.01 Fa.a	en il De Ro		Latitude:			
					Longitude:			
2 WATER WE	LL OWN	ER: EN BOY	LEI	_	Elevation:			
RR#, St. Addr	ress, Box #	51.910 F	AIR CHILDS	た.	Datum:			
City, State, ZI	P Code	CMOLA	J 45 1024	5/0	Data Collection	on Method:		
3 LOCATE WE	ELL'S 4	DEPTH OF COM	AIOCHILOS N KS 674 PLETED WELL	(2)	2	ft		
LOCATION		DEI III OF COM	TEETED WEEL	φε		. 11.		
WITH AN "X	" IN T	Penth(s) Groundwate	r Encountered (1)	20) _{ft} (2)	ft. (3).	ft	
SECTION BO	$\mathbf{x} \cdot \mathbf{y}$	VELL'S STATIC W	ATER LEVEL 2	O ft	below land surf	face measured on mo/day	V/VrD6-25-08	
N SECTION BC	'	Pump test dat	a. Well water was	40	ft after	2 hours pumping.	onm	
	l 1	Est Yield on	n: Well water was		ft after	hours pumping.	gnm	
' '	x					Air conditioning 11 In		
NW NE	· 1	Domestic 3 Fee				Dewatering 12 O		
W						Monitoring well		
		inigation i in	dustrial / Donnes	10 (1411111)	e gurden) 10 1	······································		
SW SE	E v	Vas a chemical/bacte	riological sample sub	mitted to I	Denartment? V	res No;	If ves_mo/day/yrs	
	'S	lamnle was submitted	inological sample suo.	Wate	r well disinfecte	ed? Yes . Y No	11 yes, 1110/day/y15	
s	"	ampie was submitted	4	wate	i well distilled	A. 105. A 110		
1		ED: 5 Wrought	Iron 8 Con	crete tile	CAS	SING JOINTS: Glued		
1 Steel	3 RMP (s-Cement 9 Othe	r (specify	below)			
2 PVC	4 ABS	7 Fiberglas				Threade		
Blank casing dian	neter	S in. to	O ft., Diameter	i	n. to	ft., Diameter	. in. toft.	
				6 0	lbs./ft. Wall	thickness or guage No.	10070	
1		RFORATION MAT						
1 Steel					ABS			
2 Brass				R) 10 A	Asbestos-Cemer	nt 12 None used (ope	n hole)	
SCREEN OR PE	RFORATI	ON OPENINGS AR	E:					
1 Continuo	us slot ,	3 Mill slot • Od 5	Gauzed wrapped 7	Forch cut	9 Drilled ho	les 11 None (open	nole)	
2 Louvered	shutter	4 Key punched 6 V	Vire wrapped 8	Saw cut	10 Other (spe	ecify)		
						1 ft. to .		
CD AVE	. D. CV. D	From	tt. to	1-1	ft., From	n ft. to . n ft. to .	tt.	
GRAVE	L PACK II							
		From	ft. to		ft., From	1 ft. to .	It.	
6 GROUT MAT	TEDIAI .	1 Neat cement 2	Cement grout 3 Re	entonite	4 Other			
Grout Intervals:	From	ft to	ft From	attornic	ft to	ft., From	ft to ft	
		of possible contamina		• • • • • • • • • • • • • • • • • • • •	11. 10	11., 110111	11. 10	
1 Septic tan		4 Lateral lines		10 Livesto	ock nens 13	Insecticide storage	16 Other (specify	
2 Sewer line		5 Cess pool	1 ,	11 Fuel st		Abandoned water well	below)	
		nes 6 Seepage pit			. 0	Oil well/gas well		
Direction from we	1190WOI III 1119	WEST	•			200		
FROM TO	<u> </u>	LITHOLOGI		FROM		PLUGGING INT	FRVALS	
	DAA	VEL BED		1 ICOIVI	10	1 EUGGING IN	LICVILLS	
0 1	FIL		<i>w</i> ~	+	-			
			TO GAAY	+				
3 40	Cr	HA REDION	TO GRAY		+			
40 60			to med beg	טשט				
40	سری ا	IALE GLAY						
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)								
Kansas Water Well Contractor's License No. 31. This Water Well Record was completed on (mo/day/year)								
under the business name of PEST. OLER PRESS FIRMLY and PRINT clearly. Please fill in blanks, inderline or circle the correct answers. Send top								
INSTRUCTIONS: U	Jse typewrite	er or ball point pen. PLE	ASE PRESS FIRMLY and	PRINT clear	ly. Please fill in b	lanks, underline or circle the	correct answers. Send top	
three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Saite 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								
785-296-5522. Ser http://www.kdheks.go			NER and retain one f	or your re	corus. ree of	\$5.00 for each construct	ed well. Visit us at	
Littp:// it it it ikulicks.go								