CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information)

Location listed as:	Location ekanged to:
Section-Township-Range:	33-155-36 W
Fraction (1/4 1/4 1/4):	SE SW NE SE
Other changes: Initial statements: Wichit	ta County
Changed to: Logan	County
Comments:	
verification method: <u>Legal de scriptio</u>	n, county owner ship directory,
position on plat map, and on KGS website.	n, county owner ship directory, mapping tool & aerial photos initials: ORL date: 9/22/2011
submitted by: Kansas Geological Survey Data Resources Lil	brary 1930 Constant Ave. Lawrence, KS 66047-3726

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.

		WA	TER WELL F	RECORD	Form WWC-5	KSA 82	a-1212 ID	No			
1 LOCATI	ON OF WA		Fraction	0.1	. 1	-	ection Numbe	r Townsh	ip Number	Range Nu	mber
County:	<u>Vichi</u>	ta		14 SW	14 NE	14 SE	<u>33</u>	T 15	S	R 36	E ∕ ∰
Distance an	d direction f	rom nearest to	wn or city stre	et address	of well if locate	d within city?		-			
2 WATER	WELL OW	NER: Tracy			er						
RR#, St. Ad	Idress, Box	# :201 E	B. Gen	લ્કડ્				Board o	of Agriculture, I	Division of Water F	Resources
City, State,	ZIP Code	Leoti	Ks.	67861					tion Number:		
3 LOCATE	WELL'S LO	CATION WITH		F COMPLE	TED WELL	40	ft. ELE\	/ATION:			
AN "X" IN	SECTION	BOX:	Depth(s) Gr	roundwater	Encountered	, 1		. ft. 2	ft. 3	3	ft.
	N	1	WELL'S ST	ATIC WATE	R LEVEL	2 ft. b∈	low land surf	ace measured or	n mo/day/yr	8-16-10	
	1	1								oumping	
	-NW -	- NE	WELL WAT		.		supply			njection well	gpiii
	!	!		stic X 3		Oil field wat		9 Dewatering	12 (Other (Specify belo	
w	1	- ¦ : E	2 Irrigat	ion 4	Industrial 7	Domestic (la	awn & garden) 10 Monitoring	well		•••••
	1	٠٠٠ ني ١٠٠									
	-SW	- SE ♣ -		nical/bacter	iological sample	e submitted to	Department	? Yes No	X ; If yes, r	mo/day/yrs sample	was sub-
	1	<u> </u>	mitted					Water Well Disin	fected? Yes X	_ N	0
	S										
5 TYPE C	F BLANK C	ASING USED:		5 Wro	ought iron		rete tile		JOINTS: Glue	ed .X Clampe	d
1 Stee		3 RMP (SI	R)		estos-Cement		r (specify belo	,		ded	
_2 PVC		4 ABS			erglass					eaded	
Blank casin	g diameter		in. to	<i>&Q</i> .	ft., Dia .	······································	in. to	ft.	, Dia	in. to ge No /4"	ft.
	•		_		, weight					_	
1 Stee		R PERFORATIO 3 Stainles			erglass		VC X MP (SR)		Asbestos-Cer	nent /)	
2 Bras		4 Galvaniz			ncrete tile	9 A			None used (o		
		ATION OPENII	NGS ARE:		5 Gu	azed wrapped	İ	8 Saw cut	Y	11 None (open	hole)
	inuous slot		fill slot			e wrapped		9 Drilled ho		11 None (open	11016)
	ered shutte		(ey punched		7 Tore	ch cut		10 Other (sp	ecify)		ft.
SCREEN-E	FREORATE	ED INTERVALS		40	ft. to	10	ft Fro	m	ft. to	o	ft.
			From		ft. to		ft., Fro	m	ft. to	o	ft.
(RAVEL PAG	CK INTERVALS	: From	40	ft. to	20	ft., Fro	m	ft. to	o	ft.
			From		it. to		π., ⊢ro	ım	π. το)	π.
6 GROU	T MATERIA	L: 1 Nea	it cement ¥	2 C	Cement grout	3 Be	ntonite	4 Other			
Grout Inter		<i>3</i>				ft.	to			ft. to	
What is the		urce of possible						estock pens		Abandoned water	
_1_Sep	tic tank 🗶	4 Late	ral lines		7 Pit priv	y	11 Fue	el storage	15 (Oil well/Gas well	
				8 Sewage	e lagoon	12 Fer	tilizer storage	16 (16 Other (specify below)		
3 Wat	ertight sewe	r lines 6 Seep	page pit		9 Feedya	ırd	13 Insecticide storage				
Direction fro	om well?	South					How m	any feet? 80	00		
FROM	ТО		LITHOLC	GIC LOG		FROM	ТО		PLUGGING II	NTERVALS	
0	20	top 30	il ev c	lav							
			-	/							
20	35	fine se	and g	Clay	Strip.						
<i>35</i>	40	Shal	<u>e</u>								
				-							
CONTRA	ACTOR'S O	R LANDOWNE	R'S CERTIF	ICATION: T						der my jurisdiction	
completed of	n (mo/day/y	ear)8	10-10	3			and this	record is true to t	he best of my k	nowledge and beli	ef. Kansas
l		Licence No	67		This Wate	er Well Recor		eted on (mo/day	/r)	-11	
under the bi	usiness nam	ie or Sai	rte// d	Jri//il	vg			y (signature)	aykens	Chile	
I INICTOLICT	IONS: Use type	writer or hall point pe	an PIFASE PRE	SS FIRMLY 🖎	d PRINT clearly Plas	se fill in blanke	nderline or circle	the correct answers. S	endann three conie	e to Kaneae Departmen	t of Health

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>FRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send on three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., 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 <u>constructed</u> well.