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

(to rectify lacking or incorrect information)

(to rectify lacking or incorrect information) County: County:										
Location listed as:	Location changed to:									
Section-Township-Range: 33-19-32W	33-18-32W									
Fraction (1/4 1/4 1/4):	NW SE SE									
Other changes: Initial statements:										
Changed to:										
Comments:										
	- LANGE - LANG									
verification method: Nirections to well on WWC5 = 0	address of owner place									
Well 6 mi N in 33-18 South . 32 Wes	7. K45 mapping Sugam									
verification method: Nirections to well on wwc5 ; a Well le mi N in 33-18 South . 32 Wes Loogle Earth	initials: De date: 4/29/20/0									

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	IEH WELL	HECORL	Form	WWC-	KSA 82a-	1212					
LOCATION OF WA	TER WELL:	Fraction NW	y SE		SE ·	- 1	tion Number		nship Nu 19		1	ange Nur	~` I
County: SCOTT Distance and direction	from nearest town					in city?	رر	<u> </u>	17	S	<u> </u> R	32	E/(W)
	6. of Scott					ony :							
	WNER: Jan Nor												
RR#, St. Address, Bo	_{x # :} 2901 S.	Omaha	Rd.					Вог	ard of A	ariculture.	Division	of Water	Resources
City, State, ZIP Code		ity, E	(s. 67	871						Number:			
	OCATION WITH 4												
-	N De						ft. 2 pelow land surf						
† i													
NW	NE Fc	t Vield	anı	m: Well	water was	64	.16" ft. af	ter 3	3	hours pu	mping .	20	gpm
* w	E	ELL WATER						8 Air cond			Injection		
- 1		1 Domest	tic 3	Feedlot	6 Oil	field wa	iter supply	9 Dewater	ring	12	Other (S	Specify be	elow)
SW	SE	2 Irrigation	n 4	Industrial	7 Lav	vn and	garden only 1	0 Monitor	ing well	WIND	MILL		
	Wa	as a chemic	al/bacteriolo	gical sam	nple submit	ted to D	epartment? Ye	s	No	; If yes	mo/day	/yr sampl	le was sub-
1	Ş mit	tted					Wat	er Well Di	sinfected	? Yes		No	
5 TYPE OF BLANK	CASING USED:		5 Wrot	ight iron	8	3 Concr	ete tile	CASI	ING JOI	NTS: Glue	d . /	. Clampe	d
1 Steel	3 RMP (SR)			stos-Cem	nent 9	9 Other	(specify below	1)		Weld	ed	<i>.</i>	
2)PVC	4 ABS		7 Fiber										
Blank casing diameter	r 5.'' in.	to) ft.	, Dia	200	in. to	9.9	ft., Dia	.		in. to .		ft.
Casing height above i			in., weig	ght	20.0.	(7)PV						. v	
TYPE OF SCREEN C			5 Fiber	, 						estos-ceme			
1 Steel	 Stainless ste Galvanized 		5 Fiber	rgiass crete tile		9 AE	MP (SR)			e used (op			
2 Brass SCREEN OR PERFO			15° CON		Sauzed wra			8 Saw c		e useu (op		ne (open	hole)
1 Continuous sk	~	, -	\sim		Vire wrapp			9 Drilled			11.110	no (open	11010)
2 Louvered shut		punched			Forch cut	-)			
SCREEN-PERFORAT	, ,	From	.79			9	ft., Fron			•			
		From											
GRAVEL PA	ACK INTERVALS:	From	.30	ft.	to ?	9	ft., Fron	n		ft. t	to		ft.
		From		ft.		A .	ft., Fron	n		ft. t	to		ft.
6 GROUT MATERIA	$^{\circ}$	3.0	2 Ceme										
	omft.		,	From .		ft.	to		From				
What is the nearest s	•						10 Livest	•				ed water	well
1 Septic tank	4 Lateral li			7 Pit priv	•		11 Fuel s	-	_		oil well/G		
2 Sewer lines	5 Cess po			8 Sewage 9 Feedya	•			zer storage ticide stora		ຶ ດ		ecify belo) (N
Direction from well?	wer lines 6 Seepage	s bit	,	e reedya	iiu		How mar		age			J	
FROM TO	T	LITHOLOGI	IC LOG		F	ROM	TO	ly loct:	PL	UGGING I	NTERVA	ALS	
0 2	Top Soil												
2 10	Clay												
10 20	Gур												
20 50	Gyp Clay												
50 62 62 69	Clay												
	Sandy Clay		1				 						
69 98	Fine to me	d. sar	10										
98 99	Shale						-						
7 CONTRACTOR'S	OR LANDOWNER'S	CERTIFIC	ATION: This	s water w	ell was (1)	Constri	ucted. (2) reco	nstructed	or (3) n	lugged un	der mv i	urisdictio	n and was
completed on (mo/day	v/vear) 06-12	2-01					and this reco						
Water Well Contracto	r's License No	680					as completed of			<u>البرون</u>	- 91		
under the business na	ame of SAGER'S		SERVI	CE			by (signat	, ,	Sah		man .		
INSTRUCTIONS: Use t	typewriter or ball point pen.	. PLEASE PRES	SS FIRMLY and	PRINT clea	rly. Please fill	in blanks.	underline or circle	the correct a	answers. S	end top three	copies to	Kansas Der	partment
of Health and Environ	ment, Bureau of Water, Top	oeka, Kansas 6	6620-0001. Te	ephone: 913	3-296-5545 Se	end one to	WATER WELL OV	NNER and re	tain one fo	r your record	S.		