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

Location listed as:	Location changed to:
Section-Township-Range: $18-225-33 \dot{w}$	4-185-33 W
Fraction (1/4 1/4 1/4):	SE SW SE
Other changes: Initial statements:	•
Changed to:	
Comments:	
verification method: Written description, for ther well information for same ow	position on plat map, ner at same location, and
mapping tool & arrial photo on KG	s website initials: ORL date: 6/19/2012
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Coto: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jack	

			WATE	ER WELL RECORD F	orm WWC-5	KSA 82			
	ON OF WAT	TER WELL:	Fraction	G-1 G-1	1	ction Number	Township Numb	er	Range Number
	Scott	<u> </u>	SE 1/			18	Т 22	s	R 33 R2W
			•	address of well if located		.L. 2	1	1 / 4	miles
				96, Scott Cit	y, nor	th 2 m	les, west 3	1/4	miles
_			t V. Mule	ch			5	n Di.	inin a divida a Danas a
		* Route		. c7071 0264			A 1: 1: A1		rision of Water Resources
	, ZIP Code			S 67871-9364					
i LOCALII AN "X"	IN SECTION	N BOX:	Depth(s) Groun	COMPLETED WELL 1 dwater Encountered 1. C WATER LEVEL 1.2		ft.	2 <i></i>	ft. 3	,
¥	- NW	NE 	Pun Est. Yield Bore Hole Diam	np test data: Well water gpm: Well water neterin. to.	was was	ft. e ft. e	after ho	ours pump ours pump	oing gpm oing gpm
7	1	1	(1 Domestic) 3 Feedlot 6	Oil field wa	iter supply	9 Dewatering	12 Ot	her (Specify below)
-	- SW	SE	2 Irrigation		Lawn and	garden only			
1 1	i	l xi	Was a chemical	/bacteriological sample su	bmitted to D	epartment? Y	esNoX	.; If yes, m	io/day/yr sample was sub-
I			mitted			Wa	ater Well Disinfected?	Yes X	No
5 TYPE (OF BLANK (CASING USED:		5 Wrought iron	8 Concr	ete tile	CASING JOINTS	S: Glued .	Clamped
(1 Ste	_{eel})	3 RMP (S	R)	6 Asbestos-Cement	9 Other	(specify belo	w)	Welded	
2 PV	/C	4 ABS	405	7 Fiberglass		, , , , , , , , , , ,		Threade	ed
Blank casi	ng diameter	SIX.	.in. to . 1.25.	/ Fiberglass ft., Diain., weight	in. to		ft., Dia	in.	to ft.
Casing hei	ighta bo¥a √ia	and surface	3.6	in., weight			ft. Wall thickness or g	auge No.	
TYPE OF	SCREEN O	R PERFORATIO	N MATERIAL:		7 PV	_	10 Asbesto		
1 Ste	eel	3 Stainless	s steel	5 Fiberglass	8 RM	MP (SR)	11 Other (specify)	
2 Bra	ass	4 Galvaniz	zed steel	6 Concrete tile	9 AE	BS	12 None u	sed (open	hole)
SCREEN (OR PERFO	RATION OPENIN	IGS ARE:	5 Gauzeo	wrapped		8 Saw cut	1	1 None (open hole)
1 Co	ontinuous slo	t 3 M	fill slot	6 Wire w	rapped		9 Drilled holes		
2 Lo	uvered shut	ter 4 K	ey punched	7 Torch (
6 GROUT Grout Inter What is th 1 Se	MATERIAL rvals: Fro e nearest so ptic tank	m0 ource of possible 4 Later	From cement .ft. to 1.1. contamination: ral lines	ft. to ft. to 2 Cement grout ft., From 5.7	(3 Bento	ft., Frontie) 4 to 60 10 Lives	Other	ft. to 3 (14 Aba 15 Oil v	ft. to 116 ft. ndoned water well well/Gas well
	wer lines	5 Cess	•	8 Sewage lagoo	on		lizer storage	16 Othe	er (specify below)
	-	ver lines 6 Seep	page pit	9 Feedyard			cticide storage		
Direction f FROM	rom well?	West	LITHOLOGIC	106	FROM	TO How ma	ny feet? Sixte	GING INT	
111011		Comm	ents	, 204	111011	 	,, 200	and nu	CITALO
0	2			t out casing	0	11	grout		
				ack to top	11	57	sand		
				The second secon	57	60	grout		
****					60	113	sand		
				With the Wall Above William Co. A. C.	113	116	grout		THE CO. LEWIS CO., LANSING MICH. SEC., ASS., LANSING MICH.
					116	125	sand		Province that are secured to secure, the facilities and represent the province that is abbreviable to the secure of the secure o
				The second secon			THE PERSON NAMED OF THE PARTY O		
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	 				
-						†		·	
					<u> </u>	t			- All Aller Adjusters and Adju
					<u></u>	tt			A THE AT ARTHUR AND ADDRESS OF THE ATTENDED TO A
					 -				
			c			 	$\overline{}$	<u></u>	
7 00:	L.	L	DIS OFFICE	FIONI, This was "		T	exercia	<i></i>	
CONTI	HACTOR'S	OR LANDOWNEI /year)1.2/.2	HS CENTIFICAT	FION: This water well was	5 (7) 46 Ø N 	HOXEGUY (SE) VIQU	production or (3) plug	ged ander	my jurisdiction and was
		/year) !. 4 <i>J . 4</i> 's License No	·.'. /. /			and this reco	org is true to the best o	Trny know	reage and belief. Kansas 95
	II Contractor business na	- 1	ert V. Mu		ii Liecold M	as completed by (signa	Ziolo.		. 0.2
					a fill in blood			1	- No Maria C
	UND USE ty			FIRMLY and PRINT clearly. Pleas			e the correct answers. Send- WNER and retain one for you		nes to Kansas Department