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

(to rectify lacking or incorrect information)

Location listed as:	County: Pawnee Location changed to:
Section-Township-Range: 32	32-2/5-/7W NE NE SE SW NW
Fraction (1/4 1/4 1/4): SE SE NW	NE NE SE SW NW
Other changes: Initial statements:	
Changed to:	
Comments: Datum is believed to be	NAD 27.
verification method: <u>Latitude & longitude</u> ,	KG5 "LED" conversion tool,
written description, and map, on Kas website.	ping tool & actual photo
on Kas website.	initials: ARL date: 11/13/2007
submitted by: Kansas Geological Survey Data Resources Library 1930 Co	onstant 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.

WATE	R WELI	L RECORD	Form WWC-	5	Division of Wate	r Resources; App. No.		
1 LOC Cour	CATION O	OF WATER WELL: WWBR rection from nearest town or cit	Fraction SPL 1/4 N	W 1/4	Section Number 32	Township Number T S	Range Number R E/W	
Dista	nce and di	rection from nearest town or cit	y street address of w	ell if (Global Positioning	g Systems (decimal deg	grees, min. of 4 digits)	
located within city? WAST SFOR OF OUP FT. LARNARD Latitude: 38 /0 59"								
2 33/4	TED WEI	LOWNED. Cirtueali	ricinon		Longitude: -99° /3' 08"			
2 WATER WELL OWNER: SHILLING RR#, St. Address, Box # : Po. Box 989					Elevation: 2037			
	, St. Addre , State, ZIF		•		Datum:			
		T VIOBIINGE P	13/12 66006-0	704	Data Collection			
	CATE WEI	LL'S 4 DEPTH OF COMP	LETED WELL	ب.ب.	ft.			
	ATION H AN "X'	'IN Depth(s) Groundwater	Encountered (1)	ZB	ft (2)	73 f (3)	— ft	
	TION BO							
320	N	Pump test data:	Well water was		ft. after	hours pumping	gpm	
		Est. Yieldgpm:	: Well water was		.ft. after	hours pumping	gpm	
NV	V NE -	WELL WATER TO BE	E USED AS: 5 Publ	ic water s	upply 8 Air	conditioning 11 Inj	ection well	
w	X	E I Domestic 3 Feed	llot 6 Oil field	water sup	pply 9 Dev		her (Specify below)	
1	1	2 Irrigation 4 Indu	ıstrıal 7 Domesti	c (lawn &	garden) 10 Moi	nitoring well	CESTIVE PM AT	
SV	V SE -	Was a chemical/bacteri	alagical cample cubr	nitted to F	Sanartment? Vac	No. 🗴 ·		
		Was a chemical/bacteric Sample was submitted.	ological sample subi	Water	well disinfected?	Ves No No	II yes, mo/day/yis	
	S	Sumple was submitted.		. *** 4.01	wen disiniceted.	100	•••	
5 TVPI	E OF CAS	ING USED: 5 Wrought In	ron 8 Conc	rete tile	CASIN	G IOINTS: Glued	Clamped	
1	Steel	3 RMP (SR) 6 Asbestos-0	Cement Othe	(specify	below)	G JOINTS: Glued Welded.	X	
2	PVC	4 ABS _ 7 Fiberglass	<i>H</i>	OPE	••••	Threaded	1	
Blank ca	asing diam	4 ABS 7 Fiberglass eter 3/4 in. to ZOO e land surface 6.0	ft., Diameter	ir	ı. toft.,	Diameter	in. toft.	
Casing h	neight 🎎	e land surface	in., Weight	 11	bs./ft. Wall thic	ckness or guage No. 🎝	FORIS	
TYPE C	F SCREE	N OR PERFORATION MATEI	RIAL:					
	Steel	3 Stainless Steel 5 Fiberg	glass 7 PVC	9 A	BS	11 Other (Specify)	1 1 \	
	Brass	4 Galvanized Steal 6 Concr FORATION OPENINGS ARE:		.) IO A	sbestos-Cement	12 None used (open	hole)	
	N OR PER Continuou			orch cut	9 Drilled holes	11 None (open h	ole)	
		shutter 4 Key punched 6 Wi	ire wrapped 7 is	Saw Cut	10 Other (specif	v)		
SCREE	N-PERFOI	RATED INTERVALS: From	ft. to .		ft., From	ft. to	ft.	
		From	ft. to .		ft., From		ft.	
	GRAVEL	PACK INTERVALS: From	ft. to .		7 ft., From	ft. to	ft.	
		From	 ft. to .		ft., From	ft. to	ft.	
6 GRO	UT MATI	ERIAL: 1 Neat cement 2 C	Cement grout Se	ntonite	4 Other			
Grout In		From	ft., From	 1	ît. to f	t., From	ft. to .ft.	
What is	the nearest	source of possible contamination						
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other specify								
	Sewer line			1 Fuel sto		bandoned water well	below)	
			-		~ / /	il well/gas well	BUTLATING	
FROM	TO TO	11?LITHOLOGIC		How many FROM	TO	PLUGGING INT	EDVAIS	
O	22		was	TROM	10	1LOGGING INT	ERVALS	
22	- 28	CLANN STUT TAN	/					
28	36	SAND ETNE	·	<u> </u>				
36	56	SAND MECTUM TR	ACRCOURSE					
56	113		HARKED					
1/3	143	SANDSTONA	11-11-41-43					
143	200	SHAUR, GRAY TUB	LVKGKAY					
geotherm								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This well was (1) constructed, (2) reconstructed, or (3) plugged								
under my jurisdiction and was completed on (mo/day/year)								
under the business name of ASSOCIATED PROLICEMENT by (signature)								
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, 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., 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. Visit us at http://www.kdheks.gov/waterwell/index.html.								
ntp://www.kuneks.gov/waterweii/index.ntmi.								