County: Mc Phe rson Fraction Sw NE NW M	W Sec. 26 T 2/ S R 2 FW
CORRECTION(S) TO WATER WELL COMP (to rectify lacking or incorrect Owner:	
Location was listed as:	Location changed to:
Section-Township-Range: 2/5-2 W	26-215-2W
Section-Township-Range: 2/5-2 W Fraction (1/4 1/4 1/4): NE NW	SW NE NW NW
Other changes: Initial statements:	
Changed to:	•
Comments:	
Verification method: Well owner's address.	Google Earth & LEOWER
Verification method: Wellowner's address, and mapping tool on KGS u	rebsite.
	initials: DRA date: 6/13/2016
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jacks	instant Ave., Lawrence, RS 000475720
John Sand Sept of House & Environment, Dureau of Water, 1000 SW Jack	3011, 30116 420, 10peka, NS 00012-130/.

WATER WELL R		WWC-5		ision of Water			
Original Record 1 LOCATION OF W.		ge in Well Use Fraction E NW		urces App. No.		Well ID	
County: , ychers		Fraction VE	Section Number Township Tumber Range Number				
2 WELL OWNER: La	ist Name: MOYP!	First: Neal	Street or Rural Address where well is located (if unknown, distance and				
Business	direction from nearest town or intersection): If at owner's address shock have [7]						
Address: 309 E Hirsch 18r Address: PO Box 954							
City: Mountaine	State: KS	ZIP: 67107					
3 LOCATE WELL	T		20	I			
WITH "X" IN		MPLETED WELL:		(decimal degrees)			
SECTION BOX:	Depui(s) Groundwater	Encountered: 1)	Į.₩ II. 7 Dry Well	Longitude:(decimal degrees)			
N		TER LEVEL:15	Source for Latitude/Langitude:				
	below land surface	e, measured on (mo-day-	ay-yr) GPS (unit make/model:				
NW NE	above land surface	e, measured on (mo-day-	(WAAS enabled? Tives TiNo)		Yes No)		
	Pump test data: Well	water was 20 f rs pumping	t.	☐ Land Survey ☐ Topographic Map			
W E	Well	water was 1	gpm ì	☐ Onlin	e Mapper:	••••••	
SW SE	after hou	rs pumping					
		gpm 8.5 in. to 35		6 Elevation	2:ft.	☐ Ground Level ☐ TOC	
S 1 mile				Source:	J Land Survey ☐ G	SPS Topographic Map	
7 WELL WATER TO		in. to	п.		J Ouler		
1. Domestic:		ater Supply: well ID		10 🗆 Oil Fi	ald Water Supply: Jee	ase	
Household	6. Dewateri	ng: how many wells?		11. Test Hole	: well ID	ise	
☑ Lawn & Garden	7. 🔲 Aquifer 🛭	Recharge: well ID			☐ Uncased ☐ G		
Livestock	8. Monitorii	ng: well ID		12. Geothern	al: how many bores?	?	
2. ☐ Irrigation 3. ☐ Feedlot		tal Remediation: well II		a) Closed	Loop Horizonta	I □ Vertical	
4. ☐ Industrial	☐ Air Sparg ☐ Recovery		extraction	b) Open	Loop Surface Dis	charge	
Was a chemical/bacteri			<u>, </u>				
117 . 11 11 1 C . 10	— · · · — · ·					l:	
8 TYPE OF CASING	USED: Steel WPV	/C D Other	CASIN	G IONTS: K	Clust D Classed		
Casing diameter	in. to	. Diameter	in. to	ft Diameter	Gued Camped	□ weided □ inreaded	
Casing height above land st	urfaceii	n. Weight	lbs./ft.	Wall thickness	s or gauge No		
TYPE OF SCREEN OR		TERIAL:					
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)							
☐ Brass ☐ Galva			sed (open hole))			
			rch Cut 🗀 De	illed Holes 🖂	Other (Specify)	•••••	
□ Louvered Shutter	☐ Key Punched ☐ W	Vire Wranned CVCa	ay Cot □ No	one (Onen Hole)			
SCREEN-PERFORATE	D INTERVALS: From	n35 ft. to15	ft., From	ft. to	ft. From	ft. to ft.	
SCREEN-PERFORATED INTERVALS: From							
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From							
		ft., From	ft. to	ft., From	ft. to	ft.	
Nearest source of possible contamination: Septic Tank							
☐ Sewer Lines	Cess Pool	☐ Sewage La		Fuel Storage		ned Water Well	
☐ Watertight Sewer Lines 1 ☐ Secpage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well							
Distriction 19							
10 FROM TO	LITHOLO		FROM	•••••••	ft.	OI LICCDIC DITERVALE	
8 4	Jopso!	GIC LUG	I KOM	10 111	iio. Lou (cont.) or l	PLUGGING INTERVALS	
4 16	Br Clay		†				
16 25	F-C Sand		1				
	Thale						
	-						
			Notes:	-			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged							
under my jurisdiction and was completed on (mo-day-year)							
under my jurisdiction and was completed on (mo-day-year)							
under the business name	OL L. GNTKAL L. KL	1015 IAJ SERBEV AA 7 (2):	· K 5 - N101	nature 🖼 🗀	1 III abal/ U		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.							
Visit us at http://www.kdheks.g	gov/waterwell/index html		Vater Well Owne KSA 82a-121		r your records. Telephor	ne 785-296-5524. Revised 7/10/2015	
						44CV13CU //1U/4U13	