CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

| Fraction (1/4 1/4) Section-Township-Range changed: |
|---|
| listed as SE NW SE, 4-265-/6W |
| changed to SENW SE, 4-225-/6W |
| Other changes: Initial statements: 1/2 5 1/2 N Larned, K.S |
| Changed to: 1/2 5, 1/2 E Larned, K5 |
| Comments: |
| verification method: Written & legal descriptions, and Larned 1:24,000 topo. map. initials: DRL date: 5/31/200/ |
| Larned 1:24,000 topo. map. initials: DRL date: 5/31/200/ |
| submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726 to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620 |

| | | | R WELL RECORD | Form WWC- | | | |
|--|---------------------------------------|---|--|--------------------------|--|--|--|
| LOCATION OF WATER | TER WELL: | Fraction SE | NW SE | l l | ction Number | Township Number | Range Number |
| ounty. | from pogreet town | 1/4 | ddress of well if locate | 1/4 nd within city? | • | T 20 S | R 10W E/W |
| | N Larned, Ks | | ddress of well if locate | ia within city? | | | |
| | NER: David Wo | | | | | | |
| WATER WELL ON | NER: BAVIG NO | v 138A | | | | Board of Agricultur | n Divinion of Water Becoureer |
| RR#, St. Address, Box # : RR 2, Box 138A City. State. ZIP Code : Larned, Ks. 67550 | | | | | | • | e, Division of Water Resource: |
| City, State, ZIP Code | | | OMPLETED WELL | 60 | | Application Number | <u> </u> |
| AN "X" IN SECTION | N BOX: | DEPTH OF C | OMPLETED WELL. | 16 | ft. ELEVA | TION: | |
| _ | 1 I De | | | | | | . 3 |
| · | | | | | | face measured on mo/day/ | |
| NW | NE | | | | | | pumping gpm |
| 1 | | | | | | | pumping gpm |
| w | | | | | | | .in. to |
| <u> </u> | | | O BE USED AS: | | | 8 Air conditioning 1 | |
| sw | X\$E | 1 Domestic | | | | 9 Dewatering 1 | |
| | · · · · · · · · · · · · · · · · · · · | 2 Irrigation | | | • | | |
| | | | bacteriological sample | submitted to D | • | | es, mo/day/yr sample was sub |
| T | | itted | | | | er Well Disinfected? Yes | |
| TYPE OF BLANK | • | | 5 Wrought iron | 8 Concr | | | ued Clamped |
| 1 Steel | 3 RMP (SR) | | 6 Asbestos-Cement | | (specify below | | elded |
| 2 PVC | 4 ABS | 50 | 7 Fiberglass | | | | readed |
| | | | | | | | |
| | | | .in., weignt ? | | | | No. Sch. 40 |
| TYPE OF SCREEN O | | | F. Fib | | <u>(C</u> | 10 Asbestos-ce | |
| 1 Steel | 3 Stainless st | | 5 Fiberglass 6 Concrete tile | 9 AE | MP (SR) | | ify) |
| 2 Brass SCREEN OR PERFO | 4 Galvanized | | | | | 12 None used (8 Saw cut | · • |
| 1 Continuous sid | | | | ed wrapped wrapped | | 9 Drilled holes | 11 None (open hole) |
| 2 Louvered shut | | punched | 7 Torch | • • | | | |
| SCREEN-PERFORATI | | | | | | | t. to |
| SCREEN-FERI ORATI | LD INTERVALS. | _ | _ | | | | t. toft. |
| GRAVEL PA | CK INTERVALS: | | | | | | i. toft. |
| <u></u> | | From | ft. to | , | ft., Fron | | t to ft. |
| GROUT MATERIAL | .: 1 Neat cerr | nent | 2 Cement grout | 3 Bento | · | | |
| Grout Intervals: From | mft. | | | | | | ft. to |
| What is the nearest so | | | | | 10 Livest | | Abandoned water well |
| 1 Septic tank | 4 Lateral l | ines | 7 Pit privy | | 11 Fuel storage 15 Oil well/Gas well | | |
| 2 Sewer lines | 5 Cess po | ool | 8 Sewage lagoon | | 12 Fertilizer storage 16 Other (specify below) | | Other (specify below) |
| 3 Watertight sew | er lines 6 Seepage | e pit | 9 Feedyard | | 13 Insecticide storage house | | |
| Direction from well? | East | | | | How man | y feet? 25 | |
| FROM TO | | LITHOLOGIC | LOG | FROM | то | PLUGGING | NTERVALS |
| 0 15 | top soil | | | | | | |
| 15 25 | clay | | | | | | |
| 25 35 | sand and g | ravel | ************************************** | | | | |
| 35 39 | clay | | | | ļ | | |
| 39 60 | sand and g | <u>ravel</u> | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 7 P. T. | | - | | | THE STATE OF THE S |
| | | | | | | | |
| | | | | - | | | |
| | | | | | | | |
| | | | | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| ,l | | · · · · · · · · · · · · · · · · · · · | | | 1L | | |
| CONTRACTOR'S | OR LANDOWNER'S | CERTIFICATI | ON: This water well w | as (1) constru | icted, (2) reco | nstructed, or (3) plugged u | under my jurisdiction and was |
| ompleted on (mo/day | /year) | 6-97 | | | and this recor | d is true to the best of my, | knowledge and belief. Kansas |
| Vater Well Contractor | 1 | 186 | This Water W | /ell Record wa | as completed of | on (mo/day/yr) | |
| inder the business na | me of Kelly's | Water We | ell Service, I | inc. | by (signat | ure) Kathum | X Doad |
| | | | | | | the correct answers. Send top thr /NER and retain one for your reco | |