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

(to rectify lacking or incorrect information)

Location listed as:	County: <u>Fawnee</u> Location changed to:
Section-Township-Range: 28-235-18	28-235-18W
Fraction ( 1/4 1/4 1/4): None Given	28-235-18W C NE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Written & legal description and Rozel SE 1:24,000 topo.	tions, position on plat map,
and Rozel SE 1:24,000 topo.	initials: Del date: 3/10/2004
submitted by: Kansas Geological Survey, Data Resources Library, 1930 C	• •

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.

		WATER WELL F	RECORD Form WWC-5	KSA 82a	1212 ID No.			
	ION OF WAT				ction Number	Township Number	Range Num	
	awnee		1/4 1/4 1/4 eet address of well if located	/4	28	т <b>23</b> s	R 18	E/W
			et address of well it located ef Garfield.					
	WELL OWN	IER: Tim Sch	aller					
	ldress, Box #	lim Jun	Bar L A			Board of Agriculture,	Division of Water Re	esource
City, State,	ZIP Code	RETTE	BOX 6 A KS. 67550	,		Application Number:		
3 LOCATE	WELL'S LO	NATION WITH 4 DEPTH O	F COMPLETED WELL	22	ft. ELEVATION	ON:		
AN "X" IN	I SECTION E N	BOX: Depth(s) Gi	roundwater Encountered	1 <i>IO</i> .	ft. 2	2 ft.	3	ft.
	<del></del>	WELL'S ST	ATIC WATER LEVEL <b>/./.</b> Pump test data: Well wate	ft. bel	ow land surface	measured on mo/day/yr	MINIO I	anr
			gpm: Well water	r was <b>.</b>		er hours	pumping	gpr
	-NW   -	WELL WAT	ER TO BE USED AS: 5 I	Public water	supply 8	3 Air conditioning 11	Injection well	
w		1 Dome E 2 Irrigat		Oil field wate Domestic (la:		Dewatering 12 Monitoring well		
**	1	i L Lgut		omoomo (ia	m. a gardon, Te	workering won		
	-sw	- SE Was a chen	nical/bacteriological sample :	submitted to	Department? Ye.	s No X · If yes	mo/day/yrs sample y	was sub
	1	nitted	modification of our outpro	34511111104 10		er Well Disinfected? Yes	No	
	-   S							
5 TYPE C		ASING USED:	5 Wrought iron	8 Concr	ete tile	CASING JOINTS: Glu	ed 🗶 Clamped	
1 Steel	•	3 RMP (SR)	6 Asbestos-Cement		(specify below)	We	lded	•••••
2 PVC	<b>)</b> 	4 ABS	7 Fiberglass	•••••		Thr	eaded	
Casing boil	ig diameter		π., υια in., weight		In. to	π., Dia	in. to	11
		PERFORATION MATERIAL		7 PV		10 Asbestos-Ce	. ,	•••••
1 Stee		3 Stainless Steel	5 Fiberglass		MP (SR)		iy)	
2 Bras	s	4 Galvanized Steel	6 Concrete tile	9 AE	BS	12 None used (d	ppen hole)	
SCREEN C	R PERFOR	ATION OPENINGS ARE:		ed wrapped		8 Saw cut	11 None (open h	ole)
	inuous slev	3 Mill slot	6 Wire 7 Torch	wrapped		9 Drilled holes 10 Other (specify)		
	ered shutter	4 Key punched	(	,		* * * * * * * * * * * * * * * * * * * *		
SCHEEN-P	EHFOHATE	DINTERVALS: From From	ft. to	<i>1</i>	π., From ft From	tt. t	o	ft
G	RAVEL PAC	K INTERVALS: From	ft. to ft. to	201	ft., From	ft. t	0	ft
		From	ft. to		ft., From	ft. t	0	ft
6 GROU	T MATERIAL	: 1 Neat cement	2 Cement grout	3 Ben	tonite 4	Other		
Grout Interv	/als: From	ft. to	ft., From					
What is the	nearest sou	rce of possible contaminatio	n:		10 Livestoo	ck pens 14	Abandoned water w	/ell
1 Sept	tic tank	4 Lateral lines	7 Pit privy		11 Fuel sto	3	Oil well/Gas well	
	er lines	5 Cess pool	8 Sewage I	_	12 Fertilize	· · · · · · · · · · · · · · · · · · ·	Other (specify below	v)
	ertight sewer	lines 6 Seepage pit	9 Feedyard		13 Insectici		ONE	
Direction fro	TO TO	LITHOLO	010 1 00	FROM	How many	PLUGGING I	NITEDVALO	
	10'			FRON	10	PLUGGING	NIEHVALS	
0	20'	Sand Loam Gravel						
10		GIAVE						
			KONEY TO A TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWN					
7 CONTRA	ACTORIO OF	LANDOWNEDIC CERTIF	OATION, This was I'm		201			
_ 0011117	n (mo/day/yo	ar) 4/11/02	CATION: This water well wa	is (1) constr	and this recons	structed, or (3) plugged un	naer my jurisdiction	and wa
Water Well (	Contractor's I	icence No	This Water	Well Record	was completed	on (mo/day/vr)	103	. ixailad
	ısiness name					gnature	110	
INSTRUCT	IONS: Use typew	riter or ball point pen. PLEASE PRES	SS FIRMLY and PRINT clearly. Please	fill in blanks, un	derline or circle the co	ect answers end top three copie	es to Kansas Department o	of Health
		Water, Geology Section, 1000 SW Jach constructed well.	ackson St., Suite 420, Topeka, Kansas	66612-1367. Te	lephone 785-296-552	2. Send one to WATER WELL OW!	NER and retain one for you	ır