CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information)						
	County: <u><u><u>R</u><u>e</u><u>no</u></u> Location changed to:</u>					
Section-Township-Range: <u>None Given</u> Fraction (¹ / ₄ ¹ / ₄):	15-24 5-6 W					
Fraction (¹ / ₄ ¹ / ₄ ¹ / ₄):	SE SE NE SE					
Other changes: Initial statements:	·					
	······					
Changed to:						
Comments:						
verification method: Latitude & longitude, KGS'	"LEO" conversion tool,					
verification method: <u>Latitude & longitude</u> , KGS' "LEO" conversion tool, well owner's address, area road map, and mapping tool & <u>aerial photo on KGS website</u> initials: <u>DRL</u> date: <u>1/27/2009</u>						
aerial photo on KGS website.	initials: DRL date: 1/27/2009					

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 RE	CORD	Form WWG	2-5	Division of Wa	ter Resources; App. No.		
1 LOCATION OF WA		Fraction		Section Number	Township Number	Range Number	
County: County:		1/4 1/4	1⁄4		T S	R E/W	
	n from nearest town or cit	ty street address of	well if	Global Positionin	g Systems (decimal deg	grees, min. of 4 digits)	
located within city?				Latitude: <u>37</u>	57.5774		
2 WATED WELLOW	UNED TI CI				7° 57.5617'		
2 WATER WELL OV RR# St Address Bo	×# : 8117 5.10×	Znan, do RI	\mathbf{C}	Elevation:			
City, State, ZIP Code	······································	alley mile in 160		Datum: Data Collection	Madle al.		
	haitrinso	$\gamma, K \leq 6750$	')				
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL ft.							
WITH AN "X" IN Depth(s) Groundwater Executered (1)							
SECTION BOX:							
N					hours pumping		
	Est. Yieldgpm	n: Well water was.	·	ft. after	hours pumping.		
NW NE	NEWELL WATER TO BE USED AS: 7 Public water supply8 Air conditioning11 Injection wellNE1 Domestic3 Feed ot6 Gil field water supply9 Dewatering12 Other (Specify below)						
E E	1 Domestic 3 Fee 2 Irrigation 4 Ind	ustrial 7 Dome	tic (lawn	upply 9 De & garden) 10 Mg	watering vell	ner (Specify below)	
			the (lawin	ægarden) to wie	Sintoring wen	to-thormal	
SWSE	Was a chemical/bacter	iological sample su	bmitted to	Department? Yes			
	Sample was submitted						
S	-						
5 TYPE OF CASING 	USED: 5 Wrought 1	Iron 8 Co	ncrete tile	CASIN	NG JOINTS: Glued	Clamped	
1 Steel 3 RM	IP (SR) 6 Asbestos-	-Cement , 9 Oth	er (specify	y below)			
2 PVC 4 AB Blank casing diameter	S 7 Fiberglass	s	·/~]······		Threaded	1	
Blank casing diameter	in to	ft., Diameter)	in. to ft	., Diameter	in. toft.	
	i surface			.lbs./ft. Wall th	ickness or guage No.		
	PERFORATION MATE		0	ABS	11 Other (Specify)		
		rete tile 8 RM (S		Asbestos-Cement			
	TION OPENINGS ARE				12 Hone used (open	nione)	
1 Continuous slot	3 Mill slot 5 G	auzed wrapped 7	Torch cut	9 Drilled hole	s 11 None (open l	nole)	
					fy)		
SCREEN-PERFORATE	D INTERVALS: From.						
					ft. to .		
GRAVEL PACI	K INTERVALS: From.				ft. to .		
6 GROUT MATERIA	L: 1 Neat cement 2	Cement grout 3 I	Bentonite	• 4 Other			
	om 30 o ft. to	,		. ft. to	ft., From	ft. toft.	
What is the nearest source of possible contamination:							
1 Septic tank 2 Sewer lines	4 Lateral lines 5 Cess pool	/ Pit privy 8 Sewage lagoon	10 Lives 11 Fuel s		nsecticide storage Abandoned water well	16 Other (specify below)	
3 Watertight sewer		Ç Ç		0	Dil well/gas well	below)	
				0			
FROM TO	LITHOLOGIC		FROM		PLUGGING INT		
	ay clay						
	incl						
40 60 R.	ed Clay						
	OUN LLAY						
	is shale						
220 300 Ke	dlay						
)						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged							
under my jurisdiction and was completed on $(mo/da \sqrt{ear})$, and this record is true to the best of my knowledge and betief.							
Kansas Water Well Contractor's License No. 10. 75 This Water Well Record was completed on (mo/day/year) 1.0. 27.27.28							
under the business name	of FAVICONMENT	al Loop Sar	VI10 1	by (signature)	1/1+1/1		
INSTRUCTIONS: Use type	writer or ball point pen. <u>PLEA</u>	ASE PRESS FIRMLY and	d <u>PRINT</u> clea	arly. Please fill in blat	iks, underline or circle the o	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 constructed well. Visit us at							
http://www.kdheks.gov/waterwell/index.html.							