| (to rectif | (to rectify lacking or incorrect information) | | | | | | |
|--------------------------------------|---|--|--|--|--|--|--|
| Location listed as: | County: Havvey Co. Location changed to: | | | | | | |
| Section-Township-Range: 16-275-1 | W 16-235-1E | | | | | | |
| Fraction (¼ ¼ ¼): | MW SE SE | | | | | | |
| Other changes: Initial statements: | | | | | | | |
| | | | | | | | |
| Changed to: | • | | | | | | |
| | | | | | | | |
| Comments: | | | | | | | |
| | | | | | | | |
| verification method: City of Mculton | weated at 235-1E on | | | | | | |

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

initials: \(\frac{\xi}{2}\) date: \(\frac{8}{15}\)/2 505

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.

| 1 LOCATION OF WATER | Fraction | Fraction | | | -1212 ID I ction Number | rnship Number Range Number | | | | |
|--|------------------------|-------------------------|---|--|---|----------------------------|-------------------------|--|--------------|------------------|
| County: Harv | | | SE 14 | | | 16 | <u>т</u> | 275 s | R | les É/N |
| Distance and direction from | n nearest to | wn or city street | address of w | ell if located | within city? | τ. | | | | |
| 821 Coun | tryl | <u>n</u> | | | | | | | | |
| 2 WATER WELL OWNER | Jeff | Saxtor | 1 | | | | | | | |
| RR#, St. Address, Box # | 821 | Country | Ln | | | | Boa | rd of Agriculture, | Division of | Water Resources |
| City, State, ZIP Code | : new | ton. Ks | • | | 0- | | | lication Number: | | |
| 3 LOCATE WELL'S LOCA | | 4 DEPTH OF C | | | | ft. ELEV | ATION: | | | |
| AN "X" IN SECTION BO | X: | Depth(s) Groun | ndwater Enco | ountered / | <u>1</u> | Up | ft. 2 | ft. | 3 | ft. |
| | ī | | | | | | | d on mo/day/yr hours | | |
| 1 / | <u> </u> | | | | | | | hours | | |
| NW 1 | NE | WELL WATER | TO BE USE | DAS: 5 | Public water | supply | 8 Air cond | ditioning 11 | njection we | ell |
| | | 1 Domestic | | lot 6 | Oil-field wate | r supply | 9 Dewate | | Other (Spe | |
| w | | 2 Irrigation | 4 Indus | Striai C | Domestic (la | wn & garden |) 10 Monitor | ing well | | |
| sw | <u> </u> | | | | | | | V | | |
| - Svv ; | | Was a chemica mitted | al/bacteriolog | ical sample | submitted to | Department? | Yes No Vater Well Di | o.X; If yes, sinfected? Yes | mo/day/yrs | sample was sub- |
| 1 | + 1 | mited | | | | • | valer vven Di | sillected: Tes | | 140 |
| S S | INO HOED | | - 144 1.1 | | | | | | | |
| 5 TYPE OF BLANK CAS 1 Steel | ING USED: 3 RMP (SI | | 5 Wrought iron 6 Asbestos-Cement | | 8 Concrete tile 9 Other (specify below) | | | CASING JOINTS: Glued Clamped | | |
| 2 PVC | 4 ABS | 11) | 7 Fiberglas | | | (specify below | , | Thr | eaded | |
| Blank casing diameter | 5 | in. to | | | | in. to | | | | |
| Casing height above land | | | | | | | | | | |
| TYPE OF SCREEN OR PE | ERFORATIO | N MATERIAL: | | | (7 P) | /c') | | 10 Asbestos-Cer | | • |
| 1 Steel | 3 Stainles | | 5 Fiberglas | | | MP (SR) | | 11 Other (Specif | | |
| 2 Brass | 4 Galvaniz | | 6 Concrete | | 9 AE | 55 | | 12 None used (o | . , | |
| SCREEN OR PERFORATI | | · | | | ed wrapped wrapped | | 8 Saw c 9 Drilled | | 11 None | (open hole) |
| 1 Continuous slot2 Louvered shutter | | lill slot ey punched | | 7 Torch | | | | (specify) | | ft. |
| SCREEN-PERFORATED I | | | 75 | ft to | 95 | ft Eron | | ft. t | | |
| SOMELIN-1 EM CHATED | INTERIVALO. | From | | ft. to | | ft., Fron | n | ft. t | o | ft. |
| GRAVEL PACK I | NTERVALS | : From | | ft. to | 95 | ft., Fron | n | ft. t | o | ft. |
| | | From | | ft. to | | ft., Fron | n | ft. t | o | ft. |
| 6 GROUT MATERIAL: | ı1 Nea | t cement | 2 Cemer | nt arout | 3 Ben | tonit | 4 Other | | | |
| Grout Intervals: From | , 1 | | | • | | | | m | | |
| What is the nearest source | of possible | | • | | | | stock pens | | Abandoned | |
| 1 Septic tank | 4 Later | ral lines | | 7 Pit privy | | 11 Fuel | storage | 15 | Oil well/Gas | s well |
| 2 Sewer lines | 5 Cess | pool | | 8 Sewage | | | lizer storage | | Other (spec | cify below) |
| Watertight sewer lin | s 6 Seep | page pit | | 9 Feedyard | I | 13 Insec | cticide storag | je,, | | |
| Direction from well? | lorth | | | | | How ma | ny feet? | 4/ | | |
| FROM TO | | LITHOLOGIC | LOG | | FROM | то | | PLUGGING II | NTERVALS | |
| 0 2 - | topso | ùl | | | | | | | | |
| 2 6 (| <u> </u> | | | | | | | | | |
| | green | Shale | | | | | | | | |
| 14 31 4 | | Shale | | | | | | | | |
| 31 37 1 | red s | | | | | | | | | |
| 31 75 | blue | Shale | ····· | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | • | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| CONTRACTOR'S OR I | ANDOWNE | D'S CEDTIEIOA | TION: This | otor well | s (1) 2222 | uoto (0) ros | onetruoted | or (3) plugged | dor my ins | ediation and was |
| CONTRACTOR'S OR L completed on (mo/day/year) | | · 4 · 05 | HON. THIS W | | | | | or (3) plugged un to the best <u>o</u> f my k | | |
| Nater Well Contractor's Lice | | / - 11 | | | | was complete | | | | |
| under the business name of | / / / / | iase I | Villin | a | | | (signature) | RChang | | |
| | | William V | |] | | | | | | |

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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., Soite 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.