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

(to rectify lacking or incorrect in	(to rectify lacking or incorrect information)  County: Ratt Co.					
Location listed as:	Location changed to:					
Section-Township-Range: 10 - 115 27  Fraction ( 1/4 1/4 1/4):	10-271 - 11W					
Fraction ( ¼ ¼ ¼):	NW-NW					
Other changes: Initial statements:						
Changed to:						
Comments: T-R transposed						
verification method: Pratt Co. Map; map on  City of Pratton	internet: directions from					
	initials: £-P date: 6/7/2006					

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.

		TER WELL REC	ORD Form WWC-5	KSA 82a-1	212 ID No			
LOCATION OF V	VATER WELL:	Fraction 1/4	11/11	Sect	ion Number	Townshi	p Number	Range Number
127 1 1			aldress of well if leasted	<u>4</u>				R E/W
Distance and direction			ddress of well if located	within city?	E-	-11/	Laratio	
2 WATER WELL O		Puster		- NO! +	4 1-93	+181	b) LOCATIO	
_	IME	nt Asso						
RR#, St. Address, Books, State, ZIP Code		3 Willow Chita KS	(72/8	01			of Agriculture, Divis tion Number:	ion of Water Resources
3 LOCATE WELL'S		4 DEPTH OF C		4/	ft. ELEVAT			
AN "X" IN SECTION		Denth(s) Group	dwater Encountered					
	N	WELL'S STATIC	WATER LEVEL	ft. belo	w land surface	measured on	mo/day/yr	
<b>×</b>		Pun	np test data: Well waté	r was	ft. a	fter	hours pump	ping gpm
NW	NE							oing gpm
1	1	1 Domestic		Public water s Oil field water		<ul><li>8 Air condition</li><li>9 Dewatering</li></ul>		r (Specify below)
w !	E	2 Irrigation						
	'						١.	
sw	SE	Was a chemical	l/bacteriological sample	submitted to D	epartment? Y	es No	X: If vesme/d	lay/yrs sample was sub-
1	1 1	mitted	p.				ected? Yes	No
I							,	
5 TYPE OF BLAN	K CASING USED:	L	5 Wrought iron	8 Concre	te tile	CASING	JOINTS: Glued	X Clamped
1 Steel	3 RMP (S		6 Asbestos-Cement		specify below)			
X 2 PVC	4 ABS		7 Fiberglass			•••••		ed
Blank casing diamet	ter	fo in. to	ft., Dia	MA	in. to	ft.,	, Dia	in. toft.
			in., weight	שטען		bs./ft. Wall thic	ckness or guage N	lo
TYPE OF SCREEN				<b>7</b> 7 PV	2 (20)		Asbestos-Cement	
1 Steel	3 Stainles 4 Galvani		5 Fiberglass 6 Concrete tile	9 ABS	P (SR)		Other (Specify) None used (open	hole)
2 Brass					,		• • •	,
SCREEN OR PERF				zed wrapped wrapped		8 Saw cut 9 Drilled ho		None (open hole)
Continuous s		Mill slot Key punched	7 Torch	• •				ft.
			a i	7/	4 5			
SCREEN-PERFOR	ATED INTERVALS							ft.
GRAVEL	PACK INTERVALS	6: From	ft. to		ft., From		ft. to	ft.
		From	7 ft. to	29	ft., From		ft. to	ft.
6 CROUT MATE	DIAL - 1 Nos	at coment	0 Coment arout	X3 Bent	anita A	Other		
6 GROUT MATEI Grout Intervals: F	()(/	at cement	2 Cement grout	, .				t. toft.
What is the nearest	rom		IL, FIOIII		10 Livesto			ndoned water well
1 Septic tank	•	eral lines	7 Pit privy		11 Fuel s	•		
2 Sewer lines	5 Ces		8 Sewage	lagoon		J	15 Oil well/Gas well 16 Other (specify below)	
	ewer lines 6 See		9 Feedyar		<ul><li>12 Fertilizer storage</li><li>13 Insecticide storage</li></ul>		12th na silocotus	
Direction from well?		page pit	o i occiyai	<b>G</b>	How man	_	ROS	رآم
FROM TO		LITHOLOGIC	CLOG	FROM	TO	y 1001.	PLUGGING INTE	RVALS
1) 2	5910	1	DCa /	+ ****			1 20001110 11112	
<u> </u>	7 790	My	30, )	<del>                                     </del>				
NS - 3	Elec			1	<u> </u>			
36 6		US SENT		<del>                                     </del>				
22 32	(34)	The state of	***************************************					
30 6	1 /405	Jay Can				;		
	CO 4/0		<u> </u>	1		******		
	*		· · · · · · · · · · · · · · · · · · ·			***		
				1				
						•		
		\$1.50mm	****					
						***************************************		
7 CONTRACTOR	S OR LANDOWN	ED'S CEDTIEICA	TION: This water well ::	ac / Constru	icted (2) rece	netruoted en	(3) plugged under	my juriediation and
completed on (mo/da	av/vear\	3-06	HON. THIS WATER WELL W	constru	and this ro	notructed, or (	(a) plugged under he hest of my know	my jurisdiction and was vledge and belief. Kansas
Water Well Contract			This Wate			d on (mo/day/)		26
under the business i	<i>(</i> )	757.	361.01.01	1		signature)	In Cin	H
	<i></i>	oen. PLEASE PRESS E	FIRMLY and PRINT clearly. Pleas	e fill in blanks und			end top three copies to	Kansas Department of Health
and Environment, Bur		ection, 1000 SW Jacks	on St., Suite 420, Topeka, Kans					