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

(to rectify lacking or incorrect information) County: Ford Location listed as: Location changed to: Section-Township-Range: None Given Fraction (1/4 1/4 1/4): Other changes: Initial statements: Changed to: Comments: In 11)i/roads Gardens verification method: Well address, area road map, and

Fort Dodge 1:24,000 topo. map. initials: DRL date: 3/6/2006

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.

		WA	TER WELL REC	CORD Form WWC-	5 KSA	32a-1212 ID N	0				
1 LOCATION OF WATER WELL: Fraction					Section Number	Township N	Township Number		Range Number		
County:		•	1/4		1/4		Т	S	R	E/W	
			wn or city street	address of well if locate	ed within cit	y?					
1/271	River 1	201					1.15.15				
		44	a Mende	Z							
RR#, St. Ac City, State,	dress, Box ZIP Code	# : 6 - Døde	c Colu. k	5 62801			Application	Number:	ivision of Wate		
3 LOCATE	WELL'S LO	CATION WITH	4 DEPTH OF C	OMPLETED WELL	140	ft. ELEVA	TION:				
AN "X" IN	SECTION	BOX:		ndwater Encountered							
	1	-	WELL'S STATI	C WATER LEVEL? mp_test data: Well wa	tor was	below land surface	e measured on m	o/day/yr	14-28-0 Impine 30	' >	
	1 /	.!_	Est. Yield	P.O gpm: Well wa	ter was	ft.	after	hours pu	umping	gpm	
	-NW	- NE	WELL WATER	TO BE USED AS: §	5 Public wa	iter supply	8 Air conditionin	g 11 lnj	jection well		
w_	i	E	Domestic 2 Irrigation			vater supply	9 Dewatering10 Monitoring we		ther (Specify b		
VV	!	<u> </u>	2 iiigation	4 maasmar 7	Domestic	(lawii a gaideii)	10 Monitoning we	Л		***************************************	
	-sw -	- SE	Was a shamin	al/bacterialegical compl	o cubmittos	t to Donartmant?	Voo No 44	/ 15 voo m	o/dou/uro comm	nla waa awb	
Was a chemical/bacteriological sample submitted to Department? Yes No								pie was sub- No			
L											
5 TYPE C	DE BLANK C	ASING USED:		5 Wrought iron	9 Co	oncrete tile	CASING IC	INTS: Cluck	d Clame		
_	TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR)			6 Asbestos-Cement		her (specify below	CASING JOINTS: Glued Welded			Clamped	
PVC 4 ABS ` ´				7 Fiberglass				Threaded			
Blank casin	ng diameter	5	in. to			in. to	ft., Di	a	in. to	ft.	
				in., weight			lbs./ft. Wall thickn	ess or guage	e No Z.00 .		
TYPE OF SCREEN OR PERFORATION MATERIAL:				E Eleander		PVC		10 Asbestos-Cement 11 Other (Specify)			
1 Stee 2 Bras	-	3 Stainless 4 Galvaniz		5 Fiberglass 6 Concrete tile		RMP (SR) ABS		ner (Specify) ne used (op			
								no acca (op	,	na bala)	
SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 N 1 Continuous slot								11 None (ope	in noie)		
	ered shutter		ey punched		ch cut		10 Other (specif	y)		ft.	
SCREEN-F	PERFORATE	D INTERVALS:	From	/ <i>DD</i> ft. to	140) ft., From		ft. to		ft.	
			From	ft. to		ft From		ft. to		ft.	
G	BRAVEL PAG	CK INTERVALS	: From	ft. toft. to	46.	ft., From	5.3	ft. to	140	ft.	
			7 10111		•••••	11., FIOIII		11. 10	•••••	IL	
6 GROU	T MATERIA		t cement	2 Cement grout	<i>8</i> 1		4 Other				
	vals: Fron			ft., From	46	.ft. to	ft., From				
		•	contamination:				tock pens	_	bandoned wate		
1 Septic tank 4 Lateral lines			7 Pit privy		11 Fuel storage						
2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit				8 Sewage lagoon			12 Fertilizer storage13 Insecticide storage		16 Other (specify below)		
	om well? S		age pit	9 Feedyard			•			•••••	
FROM	TO TO	<u> </u>	LITHOLOGIC	2106	FROM		ny feet? //	UGGING IN	TEDVALS		
0	3	[a a::1	Limbeodic	7 200	11101	" 10		Jaania III	ILNVALO		
3	19	Sand v	2 22.15								
19	24	white	• .	,							
24	39		brown cle	21,							
39	55	arave	•	7							
55	28	brown	clau								
32	90	Coose	ravel								
90	140	medium	gravel								
				- Land							
					-						
7											
☐ CONTRA	ACTOR'S O	H LANDOWNE	H'S CERTIFICA	TION: This water well	was 💋 cor	nstructed, (2) reco	onstructed, or (3)	olugged und	er my jurisdicti	on and was	
				This Wate						əllet. Kansas	
under the bu			1 Well D		o, vven nec		signature) Rece		2-4-		
		Our te		IRMLY and PRINT clearly. Plea	ase fill in blanks				to Kansas Departme	ent of Health	
and Environ	nment, Bureau o			on St., Suite 420, Topeka, Kan							
records. Fee	S 101 00.CQ 10 0	constructed well.									