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

(to rectify lacking or incorrect information)

Location listed as:	County: +ora Location changed to:
Section-Township-Range: None Given	13-285-23 W SE SW SE NE
Fraction (¼ ¼ ¼):	SE SW SE NE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Latitude & longitude, and mapping tool & aerial photo	KG5"LEO" conversion tool,
and mapping tool & aerial photo	o on KGS website.
	initials: DR date: 10/10/2008
1 1 1 1 W G 1 1 1 G D D D X 7 1000 G	

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.

WATE	R WELI	RECORD Form V	WWC-5	Division of Water	r Resources; App. No.		
		FWATER WELL: Fraction		Section Number	Township Number	Range Number	
Cour	ity: For	1/4	1/4 1/4		T S	R E/W	
		rection from nearest town or city street addre	ess of well if		Systems (decimal deg	rees, min. of 4 digits)	
locat	ed within o	ity?		Latitude: 37			
2 33/4	TED WEI	I OWNED.		Longitude: 99°	46.778		
Z WA	, St. Addre	LOWNER: Troy Snook			73		
100	, St. Addit , State, ZII	Code		Datum:			
		[012 , KJ		Data Collection N	Method:	***************************************	
1	ATE WE	LL'S 4 DEPTH OF COMPLETED WE	ELL 1.4.8	ft.			
l .	ATION		(4)				
į.	H AN "X'	1 ()					
SEC	TION BO N						
		Pump test data: Well water Est. Yield. 570gpm: Well water	was	It. after	nours pumping	gpm	
		WELL WATER TO DE LICED AC					
w N	V NE				atering 12 Oth		
"					itoring well		
	, '		(<i>S </i>			
SV	V SE	Was a chemical/bacteriological samp	ple submitted to	Department? Yes	No . ~ ;	If yes, mo/day/yrs	
		Sample was submitted	Wate	er well disinfected?	Yes No		
	S						
5 TYPI	E OF CAS	ING USED: 5 Wrought Iron	8 Concrete tile	CASINO	JOINTS: Glued	/ Clamped	
I	Steel		9 Other (specify			Classip Ca	
0	PVC	4 ABS 7 Fiberglass			Threaded		
Blank ca	ising diam	4 ABS 7 Fiberglass eter	eter i	n. to ft.,	Diameter	in. toft.	
Casing l	ieight abov	e land surface	ıt	lbs./ft. Wall thic	kness or guage No	200#	
l		N OR PERFORATION MATERIAL:					
_	Steel	3 Stainless Steel 5 Fiberglass		ABS	11 Other (Specify).		
_	Brass	4 Galvanized Steal 6 Concrete tile 8 I	RM (SR) 10 A	Asbestos-Cement	12 None used (open	hole)	
		FORATION OPENINGS ARE:	1 7 7 1	0.00.111.11	1137 / 1	1.	
1 2	Continuou Louvered (s slot Mill slot	ed / Torch cut	9 Drilled holes	11 None (open no	ole)	
SCREE	N-PERFOI	hutter 4 Key punched 6 Wire wrapped ATED INTERVALS: From	ft to 19	f From	ft to		
SCILL	VI LIGIOI	From	ft to	ft From	ft to		
	GRAVEL	PACK INTERVALS: From	ft to 19	ft From	ft to	ft	
		From	. ft. to	ft., From	ft. to	ft.	
	H . 48 11						
1	UT MATI						
Grout In		From ft. to 20 ft., F	rom	ft. to ft	., From	ft. toft.	
		source of possible contamination:					
	Septic tank	1 7	10 Livesto			16 Other (specify	
	Sewer line	1 8		_	andoned water well	below)	
	_	sewer lines 6 Seepage pit 9 Feedyard	12 Fertilia	zer Storage 15 Oi y feet? 200	l well/gas well .	•••••	
		1? . N.E LITHOLOGIC LOG					
FROM	TO	1	FROM	TO	PLUGGING INTE	EKVAL3	
0	/5	topseil					
15	.50	brown clay				·	
50	155	sand +gravel					
155	198	brown clay					
160	//0	Said + Mary gravel				·	
				-			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, (2) reconstructed, or (3) plugged							
under my jurisdiction and was completed on (mo/day/year)725							
Kansas Water Well Contractor's License No							
under the business name of Booked 113-01 Drillian has by (signature) Present the Like 1-18 and 1							
		e typewriter or ball point pen. <u>PLEASE PRESS FIRM</u>				rrect answers. Send top	
three copie	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.							