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: Latitude & longitude values are wrong, put it in Meade County. verification method: Phone call to well contractor, and mapping tool & aerial photos on Kas website.

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.

		RECORD	Form WWC	C -5	Division of Wate	r Resources; App. No.		
	ATION O	F WATER WELL:	Fraction 1/4 1/4	1/4	Section Number	Township Number T S	Range Number R E/W	
		ection from nearest town or cit	y street address of			Systems (decimal des	grees, min. of 4 digits)	
located within city?					Latitude: 37°12,03°			
A WATER WELL OWNER 14					Longitude: 400° 09,272			
2 WATER WELL OWNER: Verna Ham Ita					Elevation:			
RR#, St. Address, Box # : City, State, ZIP Code :					Datum:			
					Data Collection Method:			
l	ATE WEI	L'S 4 DEPTH OF COMP	LETED WELL	1.7.7	ft.			
LOCATION								
I	WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1)							
SEC	SECTION BOX: WELL'S STATIC WATER LEVEL9.3ft. below land surface measured on mo/day/yr.7.7.29.4. Pump test data: Well water was							
l —	Est. Yield. So.gpm: Well water was							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								
WELL WATER TO BE USED AS: 5 Public water supply WELL WATER TO BE USED AS: 5 Public water supply Domestic 3 Feedlot 6 Oil field water supply Domestic 3 Feedlot 6 Oil field water supply WELL WATER TO BE USED AS: 5 Public water supply Domestic 3 Feedlot 6 Oil field water supply Domestic 3 Feedlot 6 Oil field water supply WELL WATER TO BE USED AS: 5 Public water supply Domestic 3 Feedlot 6 Oil field water supply WELL WATER TO BE USED AS: 5 Public water supply WELL WAT								
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well								
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs								
Sample was submitted								
S								
5 TYPE	E OF CAS	ING USED: 5 Wrought I	ron 8 Cor	ncrete tile	CASIN	G JOINTS: Glued	Clamped	
1.3	Steel	3 RMP (SR) 6 Asbestos-	Cement 9 Oth	er (specify	y below)	Welded		
	PVC	4 ABS _ 7 Fiberglass				Welded Threaded	1	
Blank casing diameter								
Casing height above land surface								
		OR PERFORATION MATE		0	ADC	11 04 (0		
1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify)								
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:								
1 Continuous slot Mill slot								
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)								
SCREEN-PERFORATED INTERVALS: From 132 ft. to 172 ft., From ft. to ft.								
From ft. to ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From								
From								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 6 Bentonite 4 Other								
Grout Intervals: From								
What is the nearest source of possible contamination:								
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify								
	Sewer line		8 Sewage lagoon	11 Fuel s		bandoned water well	below)	
		sewer lines 6 Seepage pit		12 Fertili	izer Storage 15 O	il well/gas well		
Direction	n from wel	1? S						
FROM	TO	LITHOLOGIC	LOG	FRON	1 TO	PLUGGING INT	ERVALS	
0	16	topsoil	, ,,,,,,,					
10	30	sand						
30	60	reddish brown cl	Oy					
60	70	sand + gravel						
70	80	brown day						
80	110	sand raraul	1 .					
110	160	gravel w/streak	s at clay					
160	172	sand rock						
7 CONTRACTOR'S OR LANDOWNED'S CERTIFICATION. This water well was a constructed (2) reconstructed or (2) plusted								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)								
Kansas Water Well Contractor's License No								
INSTRUC	CTIONS: Us	name of Review of the typewriter or ball point pen. PLEA.	SE PRESS FIRMLY and	PRINT clea	arly. Please fill in blank	s, underline or circle the c	orrect answers. Send ton	
three copie	es to Kansas	Department of Health and Environmen	t, Bureau of Water, Geo	ology Section	n, 1000 SW Jackson St.,	Suite 420, Topeka, Kansas	s 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.								
I Hup.//www	.runers.guv	water were much hiden.						