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

(to rectify lacking or incorrect information) County: Grant Location changed to: Location listed as: Section-Township-Range:  $21 - 285 - 34 \omega$ Other changes: Initial statements: Changed to: Comments: verification method: well address, area road map, and mapping tool & aerial photo on KGS website. \_ initials: DRL date: <u>10/15/200</u>

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.

		WATER	R WELL RECORD	Form WWC-5	KSA 82a-	1212		
LOCATION OF WAT	ER WELL:	Fraction		Sec	tion Number	Township Number	Range Number	
County: Grant	<u> </u>		SW 1/4 S		₹ /	<u>т 28 s</u>	R 34 EW)	
Distance and direction for 1550	N. Rosc	II	Ulysses,	KS	7880	)		
WATER WELL OWN	NER: Grant	County	Road Day	ot				
RR#, St. Address, Box	# : 1550	N. Road.	I			Board of Agriculture	, Division of Water Resource	
City. State. ZIP Code	: 1)1055	es.KS lo	7 <i>880</i>			Application Number:		
LOCATE WELL'S LO	CATION WITH 4	DEPTH OF CO	OMPLETED WELL	59.62	. ft. ELEVA	TION:	3	
<del>.                                    </del>						ace measured on mo/day/y		
1   i	- i   ['						pumping gpm	
NW	NE    <sub>E</sub>					-	oumping gpm	
<u>.</u> +							in. to	
ŧ̃ w <del>[                                   </del>			O BE USED AS:	5 Public wate			1 Injection well	
-	i	1 Domestic	3 Feedlot	6 Oil field wat	er supply	9 Dewatering 12	2 Other (Specify below)	
sw	35	2 Irrigation	4 Industrial	7 Lawn and g	arden only	Monitoring well かい	<i>:-1</i>	
1 1 1	V	Vas a chemical/b	acteriological samp	ple submitted to De	epartment? Ye	es; If ye	es, mo/day/yr sample was sul	
S		nitted			Wat	er Well Disinfected? Yes	No V	
TYPE OF BLANK C	ASING USED:		5 Wrought iron	8 Concre	ete tile	CASING JOINTS: Glu	ed Clamped	
1 Steel	3 RMP (SR)	•	6 Asbestos-Ceme	ent 9 Other	(specify below	v) We	lded	
2 PVC	4 ABS	301.0	7 Fiberglass				eaded	
Blank casing diameter	کلا ir	1. to . 37, 92.	ft., Dia	in. to		ft., Dia	. in. to ft	
Casing neight above la	no surface V.	: . <b>~</b>	in., weight			t. Wall thickness or gauge	No. 5.C.M. 7.U	
TYPE OF SCREEN OF	R PERFORATION	MATERIAL:		PV		10 Asbestos-cer	nent	
1 Steel	1 Steel 3 Stainless steel			5 Fiberglass 8 RMP (SR)				
2 Brass	4 Galvanized		6 Concrete tile 9 ABS			12 None used (d	,	
SCREEN OR PERFOR	•		••		8 Saw cut	11 None (open hole)		
1 Continuous slot				/ire wrapped		9 Drilled holes		
2 Louvered shutte		punched 39-f	39,67,70	orch cut		10 Other (specify)	toft	
SCREEN-PERFORATE	D INTERVALS:		9. 9.1.9. <del>5. ft</del> . t	0.0.77.9.	tt., Fror	n	toft	
ODAVE: 040	OK INTERVALO	From		50.67	ft., Fror	n	toft	
GHAVEL PAC	CK INTERVALS:				+ ft., Fror		tofi	
GROUT MATERIAL	1 Neat ce	From	ft. t 2 Cement grout		ft., From		to fi	
Grout Intervals: From	^				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	# From	ft. to	
What is the nearest so								
1 Septic tank	4 Lateral					estock pens 14 Abandoned water well  I storage 15 Oil well/Gas well		
2 Sewer lines	oool				ertilizer storage (16)Qther (specify below)			
3 Watertight sewe					ticide storage UST 5			
		fed in ta		•	How man	-		
FROM TO		LITHOLOGIC		FROM	TO		INTERVALS	
0 1.5	sandy 9	rzuel						
1.5 3.0	Grzy cla	yey silt						
3.0 28.5	Reddish	brown si						
28,5 33,5		brown s						
28.5 33.5 33.5 39.5		brown si						
39.5 60.0	Reddish	brown si	Ity Sand					
						4		
							•	
					L			
7 CONTRACTOR'S C	R LANDOWNER	S_CERTIFICATION	ON: This water we	ell was (1) constru	cted, (2) reco	nstructed, or (3) plugged u	nder my jurisdiction and wa	
completed on (mo/day/	year) . ] [ ] 2 ] ] 9	<u>5</u>			and this reco	rd is true to the best of my	knowledge and belief. Kansa	
Water Well Contractor's	s License No. 🎝 🕻	<del>4</del> 0	This Wate	er Well Record wa	s completed	on (mo/day/yr) 2519	5	
under the business nar	ne of Praincl	_and Enviro	onmental Re	amodistion I	nCby (signat	ture)	1	
INSTRUCTIONS: Use tyr	newriter or hall point ne	an DI FACE DDECC E	IDMI V and PRINT clear	by Places fill in blacks	undorling or giral	The correct enswers Send too three	no conice to Kanasa Danatment	

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.