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

(to rectify lacking or incorrect information)

Location listed as:	County: <u>Meade</u> Location changed to:
Section-Township-Range: None Given	32-305-27 W
Fraction ( ¼ ¼ ¼):	SE SE SE
Other changes: Initial statements: Latitude: 37	1° 21.698
Longitude: 100	0 18.577
Changed to: Unknown	
Comments: Well owner's address:	20204 G Rd., Fowler, KS.
verification method: Phone call to well conti	ractor, county ownership road map, and mapping tool
map, well owner's address, area & aerial photos on KGS websi	Te initials: DR date: 9/22/2008

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 WELL RECORD	)	Form WWC	-5	Division of W	ater Resour	ces; App. No.			
1 LOCATION OF WATER V	VELL:	Fraction		Section Number	Town	ship Number	_		
County: Mende	1	1/4 1/4	1/4		T	S	R E/W		
Distance and direction from n	earest town or city	y street address of w		Global Positioning Systems (decimal degrees, min. of 4 digits)					
located within city?				Latitude: 37° Z1.698					
2 WATER WELL OWNER: Rey Marcs RR#, St. Address, Box # : City, State, ZIP Code Fowler Ks 62844  3 LOCATION 4 DEPTH OF COMPLETED WELL ZAR.				Longitude: 18.577  Elevation:					
RR#. St. Address. Box #	roy marr	3		Detum:			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
City, State, ZIP Code				Datum:  Data Collection Method:					
3 LOCATE WELL'S 4 DE	PTH OF COMP	I ETED WELL	748	Data Conectio		l.			
LOCATION 4 DE	THO COM	LETED WELL		• • • • • • • • • • • • • • • • • • • •	11.				
WITH AN "X" IN Depth	CONTION								
SECTION BOX: WELL									
N	Pump test data: Well water wasft. after								
		Well water was							
NW NE WELL	L WATER TO BE	E USED AS: 5 Pub	lic water s	supply 8 A	ar conditio	oning II Inj	ther (Specify below)		
W E Do	gation 4 Indu	istrial 7 Domest	ic (lasyn &	ppiy 9 L Granden) 10 M	ewatering Ionitoring	. 12 Ot well	ner (Specify below)		
	gation 4 indu	istriar / Domest	ic (lawii c	e garden) 10 iv	iomtoring	wen	,		
SW SE Was a	chemical/bacterio	ological sample sub	mitted to	Department? You	es	No;	If yes, mo/day/yrs		
Samp	le was submitted		Wate	r well disinfecte	d? Yes	No			
s									
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR)	5 Wrought Is	ron 8 Con	crete tile	CAS	ING JOIN	TS: Glued	Clamped		
1 Steel 3 RMP (SR)	6 Asbestos-C	Cement 9 Othe	r (specify	below)		Welded			
PVC 4 ABS	7 Fiberglass					Threade	d		
Blank casing diameter S	in. to	ft., Diameter	i	n. to	ft., Diame	ter	in. toft.		
TYPE OF SCREEN OR PERFO	PATION MATEI	in., weight	• • • • • • • • • • • • • • • • • • • •	ibs./it. waii	inickness	or guage No.			
		glass <b>O</b> PVC	9.4	ABS	11 Ot	her (Specify)			
2 Brass 4 Galvanized	d Steal 6 Concr	rete tile 8 RM (SI	R) 10.	Asbestos-Cemen	t 12 No	one used (oper	n hole)		
SCREEN OR PERFORATION	OPENINGS ARE:	:	-						
1 Continuous slot OMi	ll slot 5 Ga	auzed wrapped 7	Torch cut	9 Drilled ho	les 11	None (open l	nole)		
2 Louvered shutter 4 Key SCREEN-PERFORATED INTE	y punched 6 Wi	ire wrapped 8	Saw Cut	Other (spe	cify)	 Q. 4-			
SCREEN-PERFORATED INTE	RVALS: From	f to		ft From	•••••	п. ю	π.		
GRAVEL PACK INTE	RVALS: From	<b>20</b> ft to	2.4	ft. From		ft. to	ft.		
	From	ft. to		ft., From		ft. to .	ft.		
	Neat cement 2 C	Cement grout OB	entonite	4 Other					
Grout Intervals: From What is the nearest source of pos			• • • • • • • • • • • • • • • • • • • •	rt. to	It., Fron	1	ft. toft.		
1 Septic tank	4 Lateral lines 7		10 Livest	ock nens 13	Insecticid	e Storage	16 Other (specify		
2 Sewer lines			11 Fuel st			ed water well			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well									
Direction from well? .E		•	How man	y feet?					
FROM TO	LITHOLOGIC	LOG	FROM	OT	PL	UGGING INT	ERVALS		
O & Topsoil									
6 30 grey	clay						44		
	Cay,								
100 110 Sand	<u>,                                      </u>		<del></del>		<del></del>				
110 170 blue	lay			1992.00					
130 140 sand	-(a.	•							
160 160 brows	-clay								
180 250 000	-qraue			<u> </u>					
	raraul			1					
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) 7									
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)									
under the business name of Barbel Well Dr. h. by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline r circle the correct answers. Send top									
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			•				-2175		