| CORRECTION(S) TO WATER WEL | ` , |
|---|------------------------------|
| (to rectify lacking or incorrect | County: Sumher |
| Location listed as: | Location changed to: |
| Section-Township-Range: $30-365-40$ | 36-305-4W |
| Section-Township-Range: 30 - 36 5 - 4 W Fraction (1/4 1/4 1/4): 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 | SE SW SW |
| Other changes: Initial statements: | |
| Changed to: | |
| Comments: | |
| verification method: Well address, area tool & aerial photos on KG | |
| | initials: DRL date: 8/8/2007 |

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 | | of Water Resources; App. No. | |
|---|---|----------------------------------|--------------------------------------|---------------------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Nu | 1 - | |
| County: Summer | 1251/25 W1/45 W | 1 ¹ / ₄ 30 | T 836 | |
| Distance and direction from nearest town or ci | ty street address of well | Latitude: | itioning Systems (decimal de | |
| located within city? 1378 w 9 | ave 1 | | ;: | |
| 2 WATER WELL OWNER: Peter | iOnliellan | Elevation: | | |
| RR#, St. Address, Box # : 1378 14 | 1 gon aue | Datum: | | |
| City, State, ZIP Code : | u Spring | Data Colle | ection Method: | |
| | PLETED WELL | | ft. | |
| LOCATION | • | _ | | |
| WITH AN "X" IN Depth(s) Groundwater | Encountered (1) | <i>J.</i> ft. (| 2) ft. (3). | ft. |
| SECTION BOX: WELL'S STATIC WA | ATER LEVEL | ft. below land | surface measured on mo/day | /yr. <i>4.=.1.</i> 0.=.01 |
| N Pump test data | : Well water was | ft after | hours pumpinghours pumping | gpiii |
| WELL WATER TO B | | | 8 Air conditioning 11 Inj | |
| WELL WATER 10 B | | ater supply | | her (Specify below) |
| 2 Irrigation 4 Ind | ustrial Domestic | (lawn & garden) | 10 Monitoring well | |
| SW SE W | *************************************** | | | |
| | | | ? Yes No X ; | |
| | | Water well disin | fected? Yes x No | •••• |
| S | | | | |
| 5 TYPE OF CASING USED: 5 Wrought | | | CASING JOINTS: Glued | |
| 1 Steel 3 RMP (SR) 6 Asbestos 2 PVC 4 ABS 7 Fiberglass | -Cement 9 Other (s | specify below) | weided Threaded | |
| Blank casing diameter | S ft Diameter | in to | ft Diameter | in to ft |
| Casing height above land surface | in., Weight /.(| a.Dlbs./ft. V | Wall thickness or guage No. | 20 |
| TYPE OF SCREEN OR PERFORATION MATE | RIAL: | | | |
| 1 Steel 3 Stainless Steel 5 Fiber | | 9 ABS | 11 Other (Specify) | |
| | erete tile 8 RM (SR) | 10 Asbestos-Ce | ement 12 None used (oper | hole) |
| SCREEN OR PERFORATION OPENINGS ARE 1 Continuous slot 3 Mill slot 5 G | | rch out 0 Drilla | d holes 11 None (open h | nole) |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | |
| From ft. to ft., From ft. to ft. | | | | |
| GRAVEL PACK INTERVALS: From. | ft. to | &. ft., I | From ft. to | ft. |
| From ft. to ft., From ft. to ft. | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 | Cement grout Bento | onite 4 Other | | |
| | | | ft., From | |
| What is the nearest source of possible contaminat | • | | , | |
| 1 Septic tank 4 Lateral lines | | Livestock pens | 13 Insecticide Storage | 16 Other (specify |
| 2 Sewer lines 5 Cess pool | | Fuel storage | 14 Abandoned water well | below) |
| 3 Watertight sewer lines 6 Seepage pit | | Fertilizer Storage | 15 Oil well/gas well | •••••• |
| FROM TO LITHOLOGIC | | FROM TO | PLUGGING INT | EDVAIS |
| 0 2 Topsoil | LOG | TROM TO | T EUGOING INT | EKVALS |
| 2 19 Sandy Clay | | | | |
| 19 26 fine Sand | | | | |
| 24 45 red shall. | | | | |
| 45 19 blue shale | | | | |
| 79 85 red shale | | | | |
| | | | | |
| | | | | |
| | | | | |
| 7 CONTRACTOR'S OR LANDOWNED'S CL | RTIFICATION: This | s water well was (1 | Constructed (2) reconstruct | ted or (3) plugged |
| 7 CONTRACTOR'S OR LANDOWNER'S CH under my jurisdiction and was completed on (mo | day/year) [1/10] | 2. Zand this record | is true to the best of my know | wledge and belief |
| Kansas Water Well Contractor's License No | O.L. This Water W | ell Record was co | mpleted@n (mo/day/year) . | 5-10-07 |
| under the business name of | Wrilling | by (signature | e) IV. (hase | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEA | SE PRESS FIRMLY and PRI | NT clearly. Please fill | in blanks, underline or circle the c | orrect answers. Send top |
| three copies to Kansas Department of Health and Environment, Bureau of Water, Gology 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. | | | | |