County: Clark	Fraction: <u>NE - N</u>	<u> ソル- SU</u> Sec	28 T 31	S R 2/ E/®			
CORRECTI Owner: Harden, Paul	ON(S) TO WATER WEL (to rectify lacking or						
Location was listed as:		Location changed to:					
Section-Township-Range:							
Fraction (1/4 1/4 1/4): SW-	. NW - NE		NE-NW-SW				
Other changes: Initial statements:							
Changed to:							
Comments: Fractions Changed	l to Reflect "We	ll's Location"	map on form				
Verification method:							
O.L. W. H. W. Co.L. 1.10	D. A. B	1020 0		ate: <u>6/18/08</u>			
Submitted by: Kansas Geological Surv to: Kansas Dept of Health & Environm	• •	·					

WATER WELI	_ RECORD	Form WWC-	5	Division	n of Wate	r Resources; App. No.			
1 LOCATION O	F WATER WELL:	Fraction SW/4 NW/4 N	E1/	Section N					
					Flobal Positioning Systems (decimal degrees, min. of 4 digits)				
located within city?									
97 N+2 E In Sika				Latitude:					
2 WATER WELL OWNER: Paul Harden				Flevation:					
RR#, St. Address, Box # :				Elevation: Datum:					
City, State, ZIF	Code :	VC 62831			lection l	Method:			
City, State, ZIP Code : Achdend, KS 67831 Data Collection Method: 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL									
LOCATION	LE 5 4 DEI III OI COMI	DETED WELL	•••••	• • • • • • • • • • • • • • • • • • • •	16.				
WITH AN "X"	'IN Depth(s) Groundwater	Encountered (1)		ft.	(2)	ft. (3)	ft		
SECTION BO									
N	Pump test data: Well water was								
	Est. Yield s gpm	: Well water was		.ft. after		hours pumping	gpm		
NW NE	WELL WATER TO BI	E USED AS: 5 Publ	ic water su	apply	8 Air o	conditioning 11 Inje			
w i	E Domestic 3 Feed						ner (Specify below)		
•	Irrigation 4 Indu	ustrial 7 Domesti	c (lawn &	garden)	10 Mon	itoring well			
SW SE -									
	Was a chemical/bacteri								
	Sample was submitted.	•••••	. Water	well disir	nfected?	Yes No	•••		
S									
	ING USED: 5 Wrought I	ron 8 Conc	rete tile		CASINO	JOINTS: Glued	Clamped		
	3 RMP (SR) 6 Asbestos-	Cement 9 Other	(specify b	pelow)					
P PVC	4 ABS 7 Fiberglass					Threaded			
Blank casing diam	eter in. to	? ft., Diameter	in	. to	ft.,	Diameter	in. toft.		
	ve land surface2.4		lt	s./ft.	Wall thic	kness or guage No	2 <i>9</i> 5. 4.		
I .	N OR PERFORATION MATE								
1 Steel		glass Ø PVC							
2 Brass	4 Galvanized Steal 6 Concr) 10 A	sbestos-C	ement	12 None used (open	hole)		
	FORATION OPENINGS ARE			0.75.111		1137 (1			
1 Continuous	s slot & Mill slot 5 Ga	auzed wrapped / I	orch cut	9 Drille	ed holes	11 None (open h	ole)		
COPEN DEDECT	shutter 4 Key punched 6 W RATED INTERVALS: From	ire wrapped 8 5	aw Cut		r (specir	y)	Δ		
SCREEN-FERFOR	CATED INTERVALS. FIGHT	11. 10		4 1t., . ₽	From		IL.		
GRAVEI	From PACK INTERVALS: From	ZO ft to	181	ייייל _{פּ}	From	1L 10			
OKAVEL						ft. to			
6 GROUT MATI	ERIAL: 1 Neat cement 2 (Cement grout B Ber	tonite 4	4 Other					
Grout Intervals:	From ft. to								
What is the nearest	t source of possible contamination								
1 Septic tank	4 Lateral lines	7 Pit privy 1	0 Livesto	ck pens	13 Ins	ecticide Storage	16 Other (specify		
2 Sewer line	s 5 Cess pool	8 Sewage lagoon 1	1 Fuel sto	rage	4 Ab	andoned water well	below)		
3 Watertight			2 Fertilize			l well/gas well			
Direction from wel	11? . SW	H	low many	feet? :24	90				
FROM TO	LITHOLOGIC		FROM	TO		PLUGGING INTI	ERVALS		
0 3	1029et		80	90	Sang	h red clay			
3 8	sand		90	180	lost				
8 15	redsond								
15 24	brown coarse some	J							
24 35	red clay								
35 42	blue clay								
42 50	souly red clay								
50 65	blue clay								
65 75	sandy red clay								
75 80 blue clay									
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) 5.73									
Kansas Water Well Contractor's License No									
under the business name of Box 1 1860 Della ne. by (signature) Box 1 Rest INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PREST FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top									
INSTRUCTIONS: Us	se typewriter or ball point pen. PLEAS	SE PRESS FIRMLY and P.	RINT clearly	. Please fil	l in blanks	, underline or circle the co	rrect 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									
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.									