CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4) Section-Township-Range changed:
listed as NW NW SE, 15-325-1W
changed to 5W 5W NE, 15-325-1W
Other changes: Initial statements:
Changed to:
Comments:
verification method: Well address on form, city map on internet, and Wellington 1:24,000 topo map. initials: DRL date: \$20/200

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726 to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1 LOCAT	ION OF WAT	ER WELL:	Fraction		RECORD FO		KSA 82a- ction Number		ip Number	Range Number	er
County:		MNER	NW	½ NW	½ SE	1/4	15		32 s	R 1	w
Distance a	nd direction fr	om nearest tow	vn or city stre	et address of	well if located very well if located very well if located very well well well well well well well wel	within city?	N. KS				
2 WATER	R WELL OWN	ER: ZIP IN		1022			11, 110				\dashv
		: PO BC						Board of A	Aariculture. Div	rision of Water Reso	urces
City, State	, ZIP Code	: WELLI	INGTON,	KS 67152	2				n Number:	iololi ol Pratol (1000	urocs
LOCAT	E WELL'S LC IN SECTION	CATON WITH	141								
	III OLOTION	BOX.	DEPTH	OF COMPLE	TED WELL	40	.5 ft. ELE	VATION:			
	N		Depth(s) Gr	oundwater En	countered 1	3	3 1	t. 2	ft.	3	Ft.
А Г	T		WELL'S ST	ATIC WATER	LEVEL	3.24 ft	below land	surface measu	red on mo/day	/yr 1/31/01	
I	i NW		!	Pump test dat	a: Well water	was		Ft. after	hours	pumping	Gpm
	1	NE	Est. Yield	Gpr	n: Well water	was	· · · · · · · · · · · · · · · · · · ·	Ft. after	Hours	pumping	Gpm
∯ W		—∔—— €	WELL WAT	ER TO BE US	SED AS: 5 P	ublic water s	vlagus	ft. and	ditioning 1	n. to 1 Injection well 2 Other (Specify be	Ft.
_ 1	•		1 Dom	nestic 3 Fee	ed lot 6 O	il field water	supply	9 Dewate	ering 1	2 Other (Specify be	elow)
l l	sw	; SE	2 irriga	ation 4 Ind	ustrial 7 La	awn and gar	den (domest	ic) 10 Monit	oring well	MW-7	
l ♦ L		` i	Was a chem	nical/bacteriol	ogical sample s	submitted to	Department?	Yes N	o X If yes	, mo/day/yr sample	was
	S	.,,,,,	Submitted					ater Well Disinf			
	OF BLANK CA				ought Iron				JOINTS: Glue	d Clamped	
1 St		3 RMP (SR)		estos-Cement	9 Other	(specify belo	ow)	Weld		
2 P\	/C	4 ABS			erglass				Thre	aded X	
Blank casir	ng diameter	2	in. to	20.25 Di	i., ia	ln.	to	ft., Dia		in. to	ft
Casing hei	ght above land	d surface	FLUSH	in., weigl	nt S	CH. 40	Lbs./ft	. Wall thicknes	ss or gauge No),	· ''`
TYPE OF S	SCREEN OR	PERFORATION	N MATERIAL	:		7	PVC	10 /	Asbestos-ceme	ent	
1 St		3 Stainle		5 Fib	erglass	8	RMP (SR)	11 (Other (specify)		
2 Br		4 Galvar TION OPENIN	nized steel	6 Coi	ncrete tile	9	AB2	12 1	None used (op	en hole)	i
	ontinuous slot		Mill slot		—	ed wrapped				11 None (open ho	ole)
	uvered shutte		Key punched	1	7 Torch						
		INTERVALS:					ft.	From	ft :	to	ff
			From		ft. to		ft.	From	ft.	to	r-,
SA	ND PACK IN	TERVALS:	From	18	ft. to	40.5	ft.	From	ft.	to	Ft.
			From		ft. to			From			Ft.
6 GROUT	MATERIAL:	1 Neat o	ement		grout			4 Other			
Grout Inter	vals From3	18	ft. to	Ft.	12 1	Ft. 6 to	0			ft. to	
		ce of possible of			· -					andoned water well	
1 Se	ptic tank		4 Lateral li	nes	7 Pit privy		11 Fuel			well/ Gas well	
2 Se	wer lines		5 Cess poo	ol	8 Sewage	lagoon	12 Fertil	izer storage		ner (specify below)	
	atertight sewe	r lines	6 Seepage	pit	9 Feedyard	d	13 Insec	ticide storage	Co	ntaminated Si	te
Direction fro		LCODE		1101001010			How many				
FROM 0	1 TO	CODE	ILS	HOLOGIC LO	G .	FROM	ТО	<u> </u>	PLUGGING IN	NTERVALS	
1	22		AY W SO	ME SILT						187114	
22	24	НА	RD DRY								
24	40.5		T W CLA								
40.5	TD	EN	D OF BO	KEHULE		 					
						1					
	-										
	 	 				-		77.77		-	
		 				+					
						1					
7 COLUTE	ACTORIC CO	LANDOMA	YO OFFICE	DATION TO		(1)	1 (2)				
/_CONTR	actor's OR	LANDOWNER	CS CERTIFIC	JATION: This H IDAIN 1	water well was	s (x) constru	cted, (2) reco	onstructed, or (plugged und	ler my jurisdiction ar	nd w
Volubleted	Contractor's 1	icanea No		525 525		And th	us record is t	rue to the best	of my knowled	lge and belief. Kans day/yr) 2/27/ 0	sas
	usiness name	of	Assoc	ciated Fry	ironmenta	il. inc	vater VVEII Ke	cord was com y (signature)	Darin P D	uay/yr) <i>LIL/I</i> U	·!
INSTR	UCTIONS: PI	ease fill in blanks	and circle the	correct answer	rs. Send three c	opies to Kans	as Departmer	t of Health and I	Environment, Bu	uricari ireau of Water, Topeka	a
Kansas	s 66620-0001.	Telephone: 913	-296-5545. Se	end one to WA	TER WELL OWN	NER and retain	n one for your	records.			