Location listed as:	County: Clark Location changed to:
Section-Township-Range: None Given	5-355-23W
Fraction (1/4 1/4 1/4):	W2 5W 5W 5E

CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

Changed to:

Other changes: Initial statements:

Comments:

verification method: Latitude & longitude, and Ashland SE

1:24,000 topo map.

initials: DRL date: 12/7/2006

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.

			TER WELL REC	CORD For	m WWC-5	KSA 82a-1	1212 ID No					
	ION OF WA	TER WELL:	Fraction			Sec	tion Number	Township N	umber	Range Number		
County:			1/4					T	<u> </u>	R E/W		
Distance and direction from nearest town or city street address of well if located within city?												
				_	N.			W 199	50.40	5-99050124.36"		
2 WATER	R WELL OW	NER: Dun	ne Ran	ch ·	#4							
RR#, St. Ac City, State,	ddress, Box : ZIP Code	# Ashla	mel. Ks &	7871				Board of Ag Application		vision of Water Resources		
3 LOCATE	WELL'S LO	CATION WITH	4 DEPTH OF 0	COMPLETED	WELL6	0	ft. ELEVAT	ION:				
	N SECTION		Depth(s) Grou	ndwater Enco	untered 1		ft.	2	ft. 3	7-14-06 tt.		
	N		WELL'S STATI	C WATER LE	VEL	ft. belo	w land surface	e measured on mo	o/day/yr	7-14-06		
Pump test data: Well water was												
-	-NW	- NE	WELL WATER				upply	8 Air conditioning	-	ection well		
	1	1	Domestic	3 Feed				9 Dewatering		ther (Specify below)		
w—		 E	2 Irrigation	4 indus	trial 7 Do	mestic (law	n & garden)	10 Monitoring well	l			
	1	ı							_			
_	-sw -	- SE	Was a chemica	al/bacteriologi	cal sample su	bmitted to D				o/day/yrs sample was sub-		
	!	!	mitted				Wa	ter Well Disinfecte	ed? Yes	No		
	S											
5 TYPE	OF BLANK C	ASING USED:		5 Wrought	iron	8 Concre	te tile	CASING JO	INTS: Glued	Clamped		
1 Stee		3 RMP (SI	₹)	6 Asbestos		•	specify below)		Welded			
P PVC		4 ABS		7 Fiberglas						ded		
										ft.		
_	•			in., weig	;nt				-	e No. 208		
		R PERFORATIO 3 Stainles		5 Fiberglas	ee	Ø PV	P (SR)		pestos-Ceme er (Specify)			
1 Stee 2 Bras		4 Galvaniz		6 Concrete		9 AB			11 Other (Specify)			
		ATION OPENIN	IGS ARE:		5 Guaze	dwrapped		8 Saw cut		11 None (open hole)		
	tinuous slot		fill slot		6 Wire w			9 Drilled holes				
	vered shutter		ey punched		7 Torch o	ut		10 Other (specif	y)	ft.		
SCREEN-I	PERFORATE	D INTERVALS:	From	40	ft. to	60	ft., From		ft. to	ft.		
			From		ft. to	7	ft., From		ft. to	ft.		
(GRAVEL PAG	CK INTERVALS								ft. ft.		
			F10111	•••••	11. 10		It., FIOIII	•••••	11. 10	IL.		
6 GROL	JT MATERIA	L: 1 Nea	t cement	2 Cemer	nt grout	Bent	onite 4	Other				
Grout Inter	rvals: Fron	1	ft. to	D ft., F	rom	ft. to	o	ft., From		ft. toft.		
What is the	e nearest sou	urce of possible	contamination:				10 Liveste			candoned water well		
1 Sep	otic tank	4 Late	ral lines		7 Pit privy		11 Fuel s	torage	15 O	15 Oil well/Gas well		
2 Sev	ver lines	5 Cess	s pool	8 Sewage lag		goon	12 Fertiliz	tilizer storage 1		ther (specify below)		
3 Wa	tertight sewe	r lines 6 Seep	page pit		9 Feedyard 13 In:			secticide storage				
Direction for	rom well?						How man					
FROM	ТО		LITHOLOGI	C LOG		FROM	то	PLI	JGGING IN	TERVALS		
	3	sand										
3	10	brown	clay									
10	16	Sand	raravel									
16	23	brown	_ خلصے	A						and the state of t		
23	58	Same	taraw	<u>v</u>				·····				
<u> </u>	60	blue	ر امن							The state of the s		
~~~								A				
				******								
7												
Z CONTR	ACTOR'S O	R LANDOWNE	R'S CERTIFICA	TION: This w	vater well was	constru	icted, (2) reco	nstructed, or (3) p	olugged und	er my jurisdiction and was		
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No.												
The second secon												
			well	Urilling	1/100			~~~	j.	vacu/		
and Enviro	onment, Bureau o	writer or ball point pe of Water, Geology Se ach <u>constructed</u> well.	n. <u>PLEASE PRESS</u> ction, 1000 SW Jacks	-IHMLY and PRIN son St., Suite 420,	<u>rr</u> clearly. Please fi Topeka, Kansas 6	ii in blanks, und 66612-1367. Tel	erline or circle the ephone 785-296-58	correct answers. Send to 522. Send one to WATE	op three copies R WELL OWNE	to Kansas Department of Health R and retain one for your		