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

(to rectify lacking or incorrect information)

Location listed as:	County: Norton Location changed to:
Section-Township-Range: 2-2-35-21W	2-35-21 W
Fraction (1/4 1/4 1/4):	NE SE NE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Legal description, co	unty ownership map,
verification method: Legal description, co and mapping tool & aerial pho	tos on KGS website.
	initials: DR date: 4/8/2010
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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.

WAILK WELL RE	COKD	rorm w	WC-5	Di	ivision of Wate	r Resources App. N	ło.	
1 LOCATION OF WA	TER WELL:	Fraction		Secti	on Number	Township No.	Range Number	
County: Non	0:0	NE4 4	1/4 1/	4	2		RZI DE Z	W
		if unknown, distance &	& direction	Globa	al Positioning	System (GPS) i		
•		owner's address, check	_				(in decimal degree	es)
		,					(in decimal degre	
						•••••		00)
						4, 🔲 NAD 83, 🛭		
2 WATER WELL OV	VNER:Clarci	rce Tiem			ction Method:	,, <u>L.</u> 00, <u>L</u>	1 1410 27	
· RR#, Street Address,	Rox # 9 7 1 (1)	1100 Ld.				ce/Model:	• • • • • • • • • • • • • • • • • • • •)
City, State, ZIP Code	Pools	-18; r.w. 163					ic Map, [] Land Surve	
	1/4-1-	- View 167	664] 5-15 m, [] >15 m	•
3 LOCATE WELL				7)				
WITH AN "X" IN		COMPLETED WEL						
SECTION BOX:	Depth(s) Groun	dwater Encountered	(1)	ft.	(2)	ft.	(3)	ft.
N	WELL'S STAT	IC WATER LEVEL.	l.Z.S1	t. below	land surface i	neasured on mo/o	lay/yr.3.7.24.7/	Q.
	Pum	test data: Well water	er was	fl	t. after	hours pur	minggp	m
NW NE -	EST. YIELD	∠Qgpm. Well water	r was	ft	. after	hours pun	apinggo	m
W E	Bore Hole Dian	neterin. to .		.ft., and	in.	to	.ft.	
" - - - - -		R TO BE USED AS:						
	Domestic						Other (Specify below	w)
SW SE	☐ Irrigation							
		/bacteriological sample					••••••	• • •
s						ies ZKINO		
1 mile		/day/yr sample was sul		• • • • • • • • • • • • • • • • • • • •	•••••			
ii	water well disir	nfected? X Yes	No					
5 TYPE OF CASING U	JSED: Stee	I PVC 🗆	Other			••••		
CASING JOINTS: 🔯	Glued Clas	mped Welded	☐ Threade	ed				
Casing diameter					ft., D	iameter	in. to	ft.
Casing height above la	nd surface3	in. Weight		lbs./f	L. Wall thic	kness or gauge N	10. 200 PSI	
TYPE OF SCREEN OR					,			
	inless Steel	PVC	Г	Other (Specify)			
		☐ None used (open h			opeony,	••••••	••••••	
SCREEN OR PERFORA			.0.0,					
Continuous slot		Gauze wrapped [Torch cut	□Dri	illed holes	None (open ho	le)	
Louvered shutter	Key punched	☐ Wire wrapped	Saw cut	Πon	ner (specify)	Contraction (open no		
SCREEN-PERFORATE	D INTERVALS:	From. 120	ft. to	ρ	ft., From	ft.	to	. ft.
		From. 2.C	ft. to		ft., From	ft.	to	. ft.
GRAVEL PAC	K INTERVALS:	From. 20	ft. to/	<i>Q</i>	ft., From	ft.	to	. ft.
		From	ft. to		ft., From	ft.	to	. ft.
6 GROUT MATERIAL	: Neat cem	ent Cement grou	Bente	onite [Other			
	1 ft. tr		n	. ft. to	ft.,	From	ft. to	.ft.
What is the nearest source								
Septic tank			∠ Livestock	pens	☐ Insecticide	storage Ot	her (specify below)	
Sewer lines	Cesspool		Fuel store		Abandoned			
☐ Watertight sewer l			Fertilizer		Oil well/ga	s well		
Direction from well			. Distance	e from w				
FROM TO	LITHOLOG		FROM	TO	LITHO. LO	OG (cont.) or PLU	UGGING INTERVA	LS
0 8 Bla	ck Dir	_						
8 25 600								
		<u></u>						
	- 9 ray	Clay	1					
50 60 gray	<u> </u>	ine sana						
60 80 gre	Fr-drate	clay	•					
80 110 gree	n-aprily VCI	WINE SINC	4					
110 130 Brew	m Clay m	ed. Sund						
130 140 Drav	en CNV C	Drsc send	<u></u>					
	sandston	P, COIST Sand	//					
7.0		7						
7 CONTRACTOR'S O	R LANDOWNE	R'S CERTIFICATIO	N: This wa	ter well	was 🖾 constr	ucted, \square reconst	ructed, or plugge	d
under my jurisdiction and	d was completed o	on (mo/day/year) .2.	24-10	and this r	ecord is true	to the best of my	knowledge and belie	ef.
Kansas Water Well Cont	ractor's License i	Jo 7.5 Fine	Water Well	Record v	vas completed	on (mo/day/year	3-27/0	
under the business name	of Gally and	was Well		hv (signature)	our Mal	ما	
INSTRUCTIONS: Use types	writer or hell point no	D PLEASE PRESS FIRM	Y and PRINT	learly Pla	ease fill in blank	s and check the corre	ct answers. Send three c	copies
(white blue nink) to Kangag	Department of Health	and Environment, Bureau	of Water. Geo	ology Secti	on, 1000 SW Ja	ckson St., Suite 420,	, Topeka, Kansas 66612-	-1367.
Telephone 785-296-5522. Se	and one copy to WA'	TER WELL OWNER and	retain one for	your reco	rds. Include <u>fe</u>	e of \$5.00 for each	constructed well. Visit	us at
http://www.kdheks.gov/waterw	rell/index.html.							
KSA 82a-1212					(0	ih the		_ Ø

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