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

(to rectify lacking or incorrect information)

Location listed as:	County: Raw/i'ns Location changed to:
Section-Township-Range: 8-35-33w	8-35-33W
Fraction (1/4 1/4 1/4): None Given	SE NW SE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Legal description, well a on internet, and aerial photos o	n KGS website.
	initials: ORL date: ///2/2005

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.

			NATER WELL F	RECORD	Form WW	C-5 K	(SA 82a-1	1212 ID N	No			****	
		TER WELL:	Fraction				Sec	tion Number		wnship Nu	mber	Range Nu	_
County: Ra				1/4	1/4	1/4		3	<u> </u>	_3_	S	R 33	E/M
Distance and	direction of 57	,	town or city stre	_			in city?						
2 WATER V			h 3rd y Holste	MF	wood	<i>K</i> \$.							
RR#, St. Add			outh 3rd						Be	ard of Agu	riculture D	ivision of Water	Resources
City, State, Z			and KS	1-7730)					plication I		ivision of water	nesources
3 LOCATE V	VELL'S LO	CATION WIT	H 4 DEPTH O	F COMPL	ETED WELL	70	· · · · · · · · · · · · · · · · · · ·	ft. ELEV	ATION:	·			
AN "X" IN	SECTION		Depth(s) Gr	roundwater	Encountered	1	30	t	ft. 2		ft. 3		ft.
	N_	ı											
	1	1										umping umping	
	w -	- NE	WELL WAT	ER TO BE	USED AS:	5 Publi	ic water s	upply	8 Air co	nditioning	11 İn	jection well	
	i	E	1 Dome 2 Irrigat		Feedlot Industrial		eld water		9 Dewa			ther (Specify be	
**	!		2 migat	1011 4	maasman	O Doin	estic (law	ii & gaideii)	TO MOTHE	oring wen	•••••••	•••••••••••	
;	sw	- SE	Was a chen	nical/hacte	riological sam	nla subn	nitted to [)enartment?	Vac I	No	· If was m	no/day/yrs sampl	e was sub-
	1	1	mitted	moaii bacte	nological san	ipie subii	initied to L		Vater Well			,	lo was sub-
	- 												
5 TYPE OF	BLANK C	ASING USE	D:	5 Wr	ought iron		8 Concre	te tile	CA	SING JOIN	NTS: Glue	dX Clampo	ed
1 Steel		3 RMP		6 Ast	bestos-Ceme	nt 9	9 Other (specify below	N)		Weld	ed	
2 PVC	alla as a ta s	4 ABS			erglass							aded	
Casing beigt	diameter	nd surface	n. to ♂4	in		a /60	•••••	in. to		ft., Dia		in. to e No	тт.
			ION MATERIAL		., weigin		(7 PV)		. IDS./II. VV		ss or guay estos-Cem		
1 Steel			ess Steel		erglass			P (SR))	
2 Brass		4 Galva	nized Steel	6 Co	ncrete tile		9 ABS	3		12 None	e used (op	en hole)	
SCREEN OF	R PERFOR	RATION OPE	NINGS ARE:			Guazed w			8 Saw			11 None (open	ı hole)
	nuous slot) Mill slot			Vire wrap Forch cut	•			ed holes	١		ft
	red shutte		Key punched	FO									
SCHEEN-PE	HFORAIL	ED INTERVAL		.	ft. to		•••••	ft., From	า		ft. to		
GF	RAVEL PA	CK INTERVA	LS: From		ft. to			ft., From	1		ft. to		ft.
			From	• • • • • • • • • • • • • • • • • • • •	ft. to			ft., From	າ		ft. to		ft.
	MATERIA		eat cement	2 (Cement grout		3 Bento	onite	4 Other				
Grout Interva	als: Fron	1 <i>O</i>	ft. to	20	. ft., From		ft. to		ft., F	rom		ft. to	ft.
What is the r	nearest sou	urce of possit	ole contaminatio	n:					stock pens			bandoned water	
1 Septio		4 La				rivy			storage			il well/Gas well	
2 Sewe			ess pool		8 Sewage lagoon		on	12 Fertilizer storage			16 Other (specify below)		
Direction from	-	rlines 6 Se			9 Feed	dyard			cticide stor	age	•		
FROM	TO	100'	しまず ナ LITHOLO	GIC LOG			ROM	How ma	ny reet?	DIT	GGING IN	TEDVALS	
0	5	Topso.	1	dio Lod			HOW	-10		PLO	GGING IN	TERVALS	
5	21	Clay					-						-
2/	35	Clay	- Sand										
	48	Mali	309/4/										
48	65	Med	gravel										
65	10	Shal.											
													·
						_							
											-		
													:
7 CONTRAC	CTOR'S O	R LANDOWI	NER'S CERTIFI	CATION: 1	This water we	ell was 🖪	constru	cted. (2) rec	onstructed	or (3) pla	ugged und	ler my jurisdiction	n and was
completed on	(mo/day/y	ear) .1.₫: :	37- 200 Y				- 	and this re	ecord is true	e to the be	st of my kn	owledge and bel	lief. Kansas
Water Well Co	ontractor's	Licence No	701			ater Well	Record v	was complete	ed on (mo/	day/yr)			
under the bus		WI	LCOX We	LL D	ribbing	LL	Ċ		(signature)		2 4	with	
INSTRUCTIO and Environm	NS: Use type nent, Bureau o	writer or ball point	t pen. PLEASE PRES	SS FIRMLY an	id <i>PRINT</i> cl ee ly. I	Please fill in	blanks, unde	erline or circle the	e correct answ	ers. Send top	three copies	to Kansas Department	nt of Health
		ach <u>constructed</u> v							OJIN 01				