	CORRI	ECTION(S) TO WATE (to rectify lacking or i	R WELL RECORD (WWC-5) ncorrect information) County:	The longe
Location listed as:			Location changed to:	Cheychic
			<u>.</u>	
Fraction ( 1/4 1/4 1/4):		none		SW SE NW
Other changes: Initial	statements:		100	A face
				40
Changed to:		V *** ********************************		***************************************
			1	
Comments:				20 - 2000 s s s s s s s s s s s s s s s s s
	the state of the s			
verification method:	at/long	coordinates,	aerial photography	of section 15-4-37W
			· · · · · ·	
			initials: /	Of date: 4/23/07

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.

	Need	Reg						
WATER WELL RECORD	Form WWC-5	Division of Wate	r Resources; App. No.					
1 LOCATION OF WATER WELL: County: Haye Nie	Fraction 1/4 1/4 1/4	Section Number	Township Number T 4 S 3 2	Range Number R E/W				
Distance and direction from nearest town or cit			Systems (decimal deg					
located within city?	Tol R. With	Latitude: 39	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7.1 2.2°				
2 WATER WELL OWNER: LYNN QUE	est of Diracity	Longitude: 16 Elevation: 3		<b>2.</b> 7				
Circles Address, Box # Ac Box/02	/	Datum:	<u> </u>					
Sinder K	s L 2 2 2 5 /	Data Collection 1	Method:					
3 LOCATE WELL'S 4 DEPTH OF COMP LOCATION	LETED WELL 2.7.	<b>Q</b> ft.						
WITH AN "X" IN Depth(s) Groundwater	Encountered (1)			ft.				
	TER LEVELf							
	: Well water was							
WELL WATER TO B	E USED AS: 5 Public water	supply 8 Air	conditioning 11 Inj	ection well				
W   E Domestic 3 Feed	dlot 6 Oil field water s ustrial 7 Domestic (lawn							
	,	,						
Was a chemical/bacter	iological sample submitted to	Department? Yes.	;	If yes, mo/day/yrs				
Sample was submitted	Wa	ter well disinfected?	Yest No					
5 TYPE OF CASING USED: 5 Wrought 1	fron 8 Concrete tile	CASING	G JOINTS: Glued	Clamped				
1 Steel 3 RMP (SR) 6 Asbestos-	Cement 9 Other (specif	y below)	Welded					
2 PVC 4 ABS 7 Fiberglass	,		Threaded	L				
2 PVC 4 ABS 7 Fiberglass Blank casing diameter in to 33 6 Casing height above land surface 16	in Weight	in. to ft.,	Ckness or guage No	ın. tott.				
TYPE OF SCREEN OR PERFORATION MATE	RIAL:		eniess of gaage 110.					
1 Steel 3 Stainless Steel 5 Fiber 2 Brass 4 Galvanized Steal 6 Conc			11 Other (Specify)					
SCREEN OR PERFORATION OPENINGS ARE	ie i ie o kwi (sk) i i	Aspesios-Cement	12 None used (open	noie)				
1 Continuous slot 3 Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)								
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)								
From								
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. From ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft.								
From.	.23 ft. to	<b>2.</b> ft., From	ft. to	ft.				
6 GROUT MATERIAL: 1 Neat cement 2	Cement grout 3 Bentonite	4 Other						
	5 ft., From	ft. to f	t., From	ft. toft.				
What is the nearest source of possible contaminat 1 Septic tank 4 Lateral lines		stock pens 13 Ins	secticide Storage	16 Other (specify				
2 Sewer lines 5 Cess pool	8 Sewage lagoon 11 Fuel	storage 14 Al	bandoned water well	below)				
3 Watertight sewer lines 6 Seepage pit Direction from well?	•	izer Storage 15 Of	il well/gas well					
FROM TO LITHOLOGIC			PLUGGING INT	ERVALS				
0 20 700 501 01		5, 290 Cl		ravel clay Rack				
25 100 mag cla	22	2 276 ) 5	ay '					
100 100 may ca	gravel, cky 24	2504	no grave.	mag				
120 140 fine - med 19	ravel Radery	255-270	A C	L class				
140 160 Pine med	gravel	270 276	clay					
180 180 med large of	pravel Rock ravel clay Rock	<u>,   2,775</u> -27	7 KOCK					
180 195. med. byge 9 195. 20 cley y fayen								
210 25 fine med on	we cay Nock							
7 CONTRACTOR'S OR LANDOWNER'S CH under my jurisdiction and was completed on (mo)	ERTIFICATION: This water	er well was (1) const	ructed, (2) reconstructor the best of my know	ted, or (3) plugged				
Kansas Water Well Contractor's License No	O This Water Well R	ecord was completed	l on (mo/day/year)	7-11-06				
under the business name of Wilcox	well Urilling	by (signature) $\mathcal{R}_{i}$	chard wil	(cox				
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEA</u> three copies to Kansas Department of Health and Environment	nt, Bureau of Water, Geology Section	n, 1000 SW Jackson St.,	Suite 420, Topeka, Kansas	66612-1367. Telephone				
785-296-5522. Send one to WATER WELL OWN	ER and retain one for your	records. Fee of \$5.	.00 for each constructe	d well. Visit us at				

http://www.kdhe.state.ks.us/geo/waterwells.