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

(to rectify lacking or incorrect information)

Location listed as:	County: Mitchell Location changed to:								
Section-Township-Range: 30-83 5-10 W	30-85-10 W								
Fraction ( 1/4 1/4 1/4): SE NE NE	SE NE NE								
Other changes: Initial statements:									
Changed to:									
Comments:									
verification method: Woiten & legal descrip	stions, well owner's address,								
verification method: Written & legal descrip	map, and mapping tool on								
KGS website.	initials: DPL date: 12/3/2007								

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.

		WA	TER WELL REC	ORD Form WWC-	5 KSA 82a	-1212 IE	O No			
1 LOCAT	ION OF WA	TER WELL:	Fraction		Se	ction Numb	er Township Nu	mber	Range Number	
County:	ni zelel 1	Counk	SE 1/4	NE 14 NE	1/4	30	T 83	S	R /O E	
Distance of	ad dispation	COUNTY TO STATE OF THE PARTY OF								
Distance and direction from nearest town or city street address of well if located within city?										
From Tipton KS South to Huy 181 the USL ON 181 /8 m Southside										
2 WATER	R WELL OW		Holler ich		-					
H		7 <i>i</i> m	140 1107100	1 120 V 1661			Doord of Age	ioulturo F	Division of Water Resources	
, ,	ddress, Box	F : 109	2 Hury P.	0. 100 147					Division of water Resources	
City, State,	ZIP Code	TIP	fon KS	67485	- 3		Application I	number:		
3 LOCATE	WELL'S LO	CATION WITH	4 DEPTH OF (	COMPLETED WELL	7 <i>Q</i>	ft. ELE	VATION:			
AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1										
N WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr										
Pump test data: Well water wasft. after hours pumping gpm										
	1	·							umping gpm	
	-NW -	- NE # -		•	5 Public water		8 Air conditioning		njection well	
	1	1	1 Domestic		6 Oil field water				Other (Specify below)	
	t	_  _	2 Irrigation							
W	ı	<del></del>	2 irrigation	4 muustiai	/ Domestic (ia	wii a yarue	n) to Monitoring well	•••••		
	1	1   1								
]	-sw	- SE	Was a chemic	al/hacteriological sampl	e submitted to	Departmen	t? Yes No	· If ves n	no/day/yrs sample was sub-	
1	1	1	mitted	an bacteriological barrip	e odbinitiod to	Борантон	Water Well Disinfecter		No	
1			I				Water Wen Distributed	J. 100	140	
	S									
5 TYPE	OF BLANK C	ASING USED:		5 Wrought iron	8 Conci	rete tile	CASING IOI	JTS: Glue	d Clamped	
1 Stee		3 RMP (S		6 Asbestos-Cement		(specify be			led	
2 PVC		4 ABS	n <i>)</i>	7 Fiberglass		` '			aded	
				•						
									ft.	
Casing hei	ght above la	nd surface		in., weight			lbs./ft. Wall thickne	ss or guag	ge No	
_		RPERFORATIO			7 P			estos-Cen		
		3 Stainles		5 Fiberglass		MP (SR)			')	
1 Stee		4 Galvani		6 Concrete tile	9 AI			e used (o	•	
2 Bras	SS	4 Galvanii	zeu Sieei	o Concrete tile	3 Ai	50	12 NOII	e useu (u	Dell'Hole)	
SCREEN (	OR PERFOR	ATION OPENII	NGS ARE:	5 Gu	azed wrapped		8 Saw cut		11 None (open hole)	
1 Con	tinuous slot	3 1	/lill slot	6 Wi	re wrapped		9 Drilled holes			
	vered shutter		Key punched	7 Tor	rch cut		10 Other (specify	)	ft.	
			• •							
SCREEN-I	PERFORATE	ED INTERVALS							oft.	
									) ft.	
(	GRAVEL PAG	CK INTERVALS							) ft.	
			From	ft. to		ft., Fr	om	ft. to	)ft.	
6 GROL	JT MATERIA	L: 1 Nea	it cement	2 Cement grout	3 Ber	ntonite	4 Other			
Grout Inter	nyals: Fron	n	ft to	ft From	ft	to	ft From		ft. toft.	
1			contamination:							
		•					vestock pens		Abandoned water well	
1 Sep	otic tank	4 Late	ral lines	7 Pit priv	/y	11 Fu	iel storage	15 (	Oil well/Gas well	
2 Sev	ver lines	5 Cess	s pool	8 Sewag	je lagoon	12 Fe	ertilizer storage	16 (	Other (specify below)	
3 Wat	tertiaht sewe	r lines 6 See	nage nit	-			secticide storage			
1	•		pago pit	0 1 000)	ara		•			
Direction for							nany feet?			
FROM	TO		LITHOLOGI	C LOG	FROM	TO	PLU	gging in	ITERVALS	
0	3	TOPSO	ıL_		70	3	natural	land		
							TOPSOIL	ang -		
3	20	Brown	any			0	100010			
20	40	Brown C	hale torey	Clay						
40	55	13/40 A	halo				DOWAKI	Fou	nd	
55	70	Black								
- 33	,,,	MACK	PANE							
	-								200	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was										
completed on (mo/day/year)										
Water Well	Contractor's	Licence No	1.16	This Wat	er Well Record	was compl	leted on (mo/day/yr)	IVOU -	7-07	
under the b	ousiness nam	e of	ney lesto h	rell		I	by (signature) 2	las		
INSTRUC	TIONS: Hee hims	writer or ball point of	en DI FASE PRESS	FIRMLY and PRINT clearly Dis	ase fill in blanke	nderline or circle	the correct answers Service	thre conic	s to Kansas Department of Health	
and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.										