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

(to rectify lacking or incorrect information)

Total No. 1	County:
Location listed as:	Location changed to:
Section-Township-Range: 8-225-38 W	22-85-38W
Fraction (1/4 1/4 1/4): Nw Sw SE	NW SW SE
Other changes: Initial statements:	-
Changed to:	
Comments:	
verification method: Written & legal description of Edson Elevator,	tions county map,
location of Edson Elevator,	and mapping tool &
artial photos on KGS websit	initials: DR date: 3/8/2010
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co	

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

			Form WWC-5				ources App. No.			
1 LOCA County: Sh		WATER WELL:	Fraction 4 NW 45W 4.	SE 1/4	ection N	umber	Township Number	R ange Number		
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here \(\sigma\). Washington TWP					T 22 S R 38 □E ☑W Global Positioning System (GPS) information: Latitude: (in decimal degrees) Longitude: (in decimal degrees) Elevation:					
RR#, S	t. Address,	OWNER: Sun Op Box # : Edson ode : 1701 In Goodla	Elevator, Hiway 24	<u>D</u>	atum: ollection N GPS un Digital	WGS 8 Method: nit (Make/ Map/Phot	to, Topographic Mar), ☐ Land Survey		
Est. Accuracy: □ <3 m, □ 3-5 m, □ 5-15 m, □ >15 m 3 LOCATE WELL										
!	AN "X" I									
	ON BOX:	Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL na ft. below land surface measured on mo/day/yr								
w sw	NES	EST. YIELD WELL WATER Domestic Irrigation Was a chemical/ If yes, mo/o	p test data: Well water of gpm: Well water of the USED AS: Pull Feedlot Oil field water of the Domestic-I bacteriological sample submitted feeted? Yes No	waswas	ft. ft. upply cen partment	after after Geother Dewate Monito	hours pum hours pum rmal	ping gpm ping gpm		
L					7-0-		****			
CASING J. Casing di Casing he TYPE OF S Bra SCREEN O Cor Cor Cor SCREEN-P GRA 6 GROU Grout Interv What is the Sep	OINTS: [iameter eight above GCREEN OR el ss or PERFOR ntinuous Slowered shutter of the performance of the	☐ Glued ☐ Clamp 4.5 in. to 240 and surface PERFORATION MA ☐ Stainless Steel ☐ Galvanized Steel ATION OPENINGS A ☐ ☐ Mill slot ☐ ☐ Key punched ☐ INTERVALS: CINTERVALS: AL: ☐ Neat ceme	red □ Welded ft., Diameter 18 in., Weight ATERIAL: □ PVC □ None used (open hole) ARE: □ Gauze wrapped □ Wire wrapped From From From From Cement grout 20 ft. From ination: les □ Pit privy 218	☐ Threaded in. 2.38 ☐ Other (e) ☐ Torch cut ☐ Saw cut ft. to 280 ft. to ft. to ☐ Benton	Specify)	Drilled h Other (sp ft., Fre ft., Fre ft., Fre ft., Fre d Other l Insect	noles None (opecify) om ft om ft om ft From	pen hole) . to ft to ft to ft to ft to ft.		
□ Wa	tertight sewe from well			Fertilizer : Distance fr	storage			one		
FROM	ТО	LITHO	LOGIC LOG	FROM	TO	LITHO	LOG (cont.) or PLI	JGGING INTERVALS		
0	2	Surface	77.6	138	150	Fine to s	some med sand w/clay			
31	31 51	Loess Clay w/caliche		150	153	Caliche	nome med ac-1/-1	e anliaha atula		
51	66	Clay & caliche w/fine s	and lenses	153 160	160 223		some med sand w/clay ned sand w/clay & cali	T-C		
66	80		gravel w/clay & caliche	223	236	-	caliche w/sand strks	CHC SCI KS		
80	95	Fine to med sd & smal	gravel w/caliche lenses	236	272	Fine to r	ned sand w/clay & cali	che lenses		
95	104	Fine to med sd w/clay		272	280	Black sh	ale			
104	115	Clay & caliche w/sand								
115	135	Fine to med sand w/cla	y & caliche lenses			-				
135 138 caliche										
INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.										