CORRECTION(S) TO WATER WEL	L RECORD (WWC-5)
(to rectify lacking or incorrect	information)
	County: Sherman
Location listed as:	Location changed to:
Section-Township-Range:	18-85-4(W
Fraction (1/4 1/4 1/4): SE SE SE	SE SE SE SE
Other changes: Initial statements: No county gi	ven
Changed to: Sherman Count	У
/	
Comments:	
verification method: Latitude & longitude.	tas "LEO" Conversion took
verification method: Latitude & longitude, I	1-1-
and made ind tool on its in	EDSITE.

initials: DR date: 10/15/2008

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.

WATE	R WELL RI	ECORD	Form WWC				r Resources	; App. No.			
1 LOC		ATER WELL:	Fraction $S = \frac{1}{4} S = \frac{1}{4} S$		Section Nu		Townshi	p Number S		Number E/W	
		y: $S \in \frac{1}{4} S = \frac{1}{4} S = \frac{1}{4}$ see and direction from nearest town or city street address of well if									
locate	ed within city?		, sur ever and a least of the		Global Positioning Systems (decimal degrees, min. of Latitude: 79,3509						
2	VIN .	+ Ruleton Ks			Longitude: W 101.93173						
2 WATER WELL OWNER: Verhon I RR#, St. Address, Box # : 5630 Rd			Saac		Elevation:						
					Datum: NAO 83						
City	, State, ZIP Co	COSON NO	67733		Data Coll	ection l	Method:	Garnin	GPS	V	
	ATE WELL'S		PLETED WELL	2.88	•••••	ft.					
	ATION	D-4(A) G-1-4(-F									
	H AN "X" IN TION BOX:	Depth(s) Groundwater Encountered (1)									
SEC	N	Pump test data: Well water was. 17.8ft. after									
	Est. Yield. 5.0gpm: Well water wasft. after hours pumping										
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well											
w T		E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
	2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well										
sv	V SE	Was a shamical/hastorial acidal complete the first Department O. V									
	<u> </u>	Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs Sample was submitted									
Sample was submitted											
5 TVP	E OF CASING	LISED: 5 Wrought	Iron 8 Con	crete tile		CASINO	G IOINTS	: Glued>	Clam	ned	
				er (specify		CABII	JOHTS				
	PVC 4 A	BS 7 Fiberglass						Threaded	1		
2 PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter 52 in to 268 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface in., Weight 268 lbs./ft. Wall thickness or guage No. 265										ft.	
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)											
SCREEN OR PERFORATION OPENINGS ARE:											
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) SCREEN-PERFORATED INTERVALS: From 2.65 ft., From ft. to ft.											
From											
GRAVEL PACK INTERVALS: From. 2.8. ft. to 2.88. ft., From. ft. to ft. From. ft. to ft.											
	UT MATERI	AL: 1 Neat cement 2	Cement grout 3_Be	entonite	4 Other						
Grout In		From		•••••	ft. to	f	t., From	• • • • • • • • • • • • • • • • • • • •	ft. to .	ft.	
	Septic tank	rce of possible contaminat 4 Lateral lines		10 Livesto	nck nens	13 Inc	secticide S	torage	16 Other	(specify	
	Sewer lines			11 Fuel st	•			water well	below	\ 1	
3	Watertight sew	ver lines 6 Seepage pit	9 Feedyard		zer Storage		il well/gas				
Direction	n from well? .	250' south		How man	y feet?						
FROM	TO	LITHOLOGIC	LOG	FROM			PLUG	GING INT	ERVALS		
0	30	day		270	-	S	ande	7 4001			
30		andy clay + co	mented Sauf	285	288	<u> </u>	ellow'	shale	<u> </u>		
63		conented sand		_	-						
90	135		a ladava								
135		Sandy clay + 9 Imposton e	and Strips		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
169	180	Sand -gravel	*								
160			and stips	<u> </u>							
195	220	Limestone									
220 270 Sand & comented sand											
7 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)											
under my jurisdiction and was completed on (mo/day/year)											
Kansas Water Well Contractor's License No 2.13 This Water Well Record was completed on (mo/day/year) 8-18-28											
INSTRU	CTIONS: Use two	pewriter or ball point pen. PLEA	Il Soru: ce	PRINT clear	y (Signatur dv. Please fil	l in blank	s. undernne	or circle the c	correct answ	ers. Send ton	
three copi	es to Kansas Depa	rtment of Health and Environment	nt, Bureau of Water, Geol	logy Section,	1000 SW Jac	kson St.,	Suite 420, T	opeka, Kansas	s 66612-1367	7. Telephone	
785-296-5522. Send one to WATER WEST OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at											
http://www.kdhe.state.ks.us/geo/waterwells.											