CORRECTION(S) TO WATER WELL	` '
(to rectify lacking or incorrect	information)
	County: OSBOTHE
Location listed as:	Location changed to:
Section-Township-Range: 33-95-14 W	33-95-14 W
Fraction (1/4 1/4 1/4): None Given	W2 SE SE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Written & legal des	criptions, position on
	1 to answer of a first on an
place map, and mapping tool	4 actial paotos on
verification method: Written & legal des plat map, and mapping tool KGS website	initials: R date: 8/9/2007
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co	·
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jack	
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WATER WELI	L RECORD	Form V	VWC-5	Division of Wat	er Resources; App. No.			
	F WATER WELL:	Fraction	1,	Section Number		Range Number		
County: Osbo	rne rection from nearest towr	1/4	$\frac{\frac{1}{4}}{\text{sg. of well if}}$	33 Clobal Positionina	T 9 xsx g Systems (decimal deg	R 14 EAXX		
located within cast on co40 dr. through WATER WE RR#, St. Addr	sity? from Natoma, 12 min Son co55 a field thext the LL OWNER: Charles ess, Box# : 24 %	4.25 mi Non 6 Ave. 5 mi dry creek be ceal 240th Dr.	20657, 240th	Latitude: Longitude: Elevation: Datum:				
3 LOCATE WE	LL'S 4 DEPTH OF C	COMPLETED WE	LL96	Data Collection				
LOCATION WITH AN "X" IN SECTION BOX: N Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping. gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well XX 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 Was a chemical/bacteriological sample submitted to Department? Yes No xx; If yes, mo/day/yrs Sample was submitted. Water well disinfected? Yes xx No								
S	The Horn	1.7	0.0	CACD	IC IOD ITTO CL. 1			
S TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued								
Direction from we	11? SE			0				
FROM TO		OGIC LOG	FROM	ТО	PLUGGING INT	ERVALS		
0 3	Topsoil							
3 18 19 24	Clay Gravel							
19 24 24 38	Limestone							
	enter.							
38 48 48 61	Sandstone							
61 76	Clay		1					
76 96	Shale							
under my jurisdict Kansas Water We under the business INSTRUCTIONS: U three copies to Kansas 785-296-5522. Sen	R'S OR LANDOWNER ion and was completed or I Contractor's License Noname of Mid Kansas se typewriter or ball point pendepartment of Health and Envidone to WATER WELL	n (mo/day/year) . 6/. c 7.67Å This Water Well Se PLEASE PRESS FIRM ronment, Bureau of Water	29/07 and Water Well Re rvice, LLQ LY and <u>PRINT</u> clear er, Geology Section	I this record is true cord was complete y (signature) rly. Please fill in Jani , 1000 SW Jackson St.,	to the best of my know d on (mo/day/year) 6 ks, underline of circle the co Suite 420, Topeka, Kansas	vledge and belief. /29/07 orrect answers. Send top 66612-1367. Telephone		
http://www.kdhe.state.	ks.us/geo/waterwells.							