CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information)

Location listed as:	County: <u>QFaham</u> Location changed to:
Section-Township-Range:	18-95-21 W
Fraction (½ ¼ ¼):	SE SE
Other changes: Initial statements: Rooks Count	<i>y</i>
Changed to: Graham Coun	Ey
Comments:	
verification method: Legal description, cand mapping tool on Kas w	ounty ownership map,
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co	initials: ### date: _5/20/2009

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

WATER WELL RE		Form WWC-	-5	Division of W	ater Resources; App. No. L		
1 LOCATION OF WA	TER WELL:	Fraction		Section Number	Township Number T 9 S	Range Number	
County: Pop K 5		145E 145	E 1/4				
County: for 1/4 SE 1/4 SE 1/4 Distance and direction from nearest town or city street address of well if			ell if	Global Positioning Systems (decimal degrees, min. of 4 digits)			
located within city?				Latitude:			
				Longitude:			
2 WATER WELL OV	VNER: Ken Gre	rcian		Elevation:			
RR#, St. Address, Bo	×# : //33 350;	th Ave.		Datum:			
City, State, ZIP Code		6 47457		Data Collection	n Method:		
3 LOCATE WELL'S	4 DEPTH OF COMP	O CALCOLI '	77				
LOCATION			•				
WITH AN "X" IN	Denth(s) Groundwater	Encountered (1)	48	ft (2)	ft (3)	ft	
SECTION BOX:	Depth(s) Groundwater Encountered (1)4.8						
N	Pump test data: Well water wasft. after hours pumping gpm						
	Est. Yieldgpm: Well water was						
	WELL WATER TO B	E USED AS: 5 Publ	ic water s	supply 8 A	ir conditioning 11 Ini	ection well	
NW NE							
W E	2 Irrigation 4 Ind	ustrial 7 Domesti	ic (lawn &	& garden) 10 N	Ionitoring well	mer (opeenly delow)	
1 1	2 migation 1 ma	ubtilui / Doillebti	io (iawii o	a guraen, 10 1		,	
SW SE	Was a chemical/hacteri	iological sample subr	nitted to I	Department? V	es;	If yes mo/day/yrs	
	Sample was submitted	iological sample suon	Wate	er well disinfecte	d? Yes No	11 y co, 1110/day/ y15	
s	Sample was sacrificed.	• • • • • • • • • • • • • • • • • • • •	. Wate	a wen distillecte	a. 103 110	••••	
5 TYPE OF CASING U					NG JOINTS: Glued		
	P (SR) 6 Asbestos-	Cement 9 Other	(specify	below)	Welded Threaded		
2 PVC 4 ABS	7 Fiberglass			***************************************	Threaded	i	
Blank casing diameter	in. to	ft., Diameter	i	n. to	ft., Diameter	in. toft.	
Casing height above land TYPE OF SCREEN OR	surface	in., Weight	ə. [[]]	lbs./ft. Wall t	hickness or guage No.	50K.2.6	
		RIAL:					
				ABS			
	vanized Steal 6 Conc		10 A	Asbestos-Cemen	t 12 None used (open	i hole)	
SCREEN OR PERFORA				0.50.111.11	44.5%	4 \	
1 Continuous slot					es 11 None (open h		
2 Louvered shutter	4 Key punched 6 W	ire wrapped 88	saw Cut	10 Other (spe	city)		
SCREEN-PERFORATEI							
CD AVEL DAGE	From X INTERVALS: From	ft. to .		tt., From بنيز	ft. to	It.	
GRAVEL PACK	INTERVALS: From		جـرحـ	>π., From	It. to	π.	
	From	It. to .	• • • • • • • • • • • • •	rt., From	ft. to	п.	
6 GROUT MATERIAI	• 1 Neat coment 2 (Cament grout 3 Res	ntonite	4 Other	• • • • • • • • • • • • • • • • • • • •		
	$m \dots \beta \dots ft. to \dots$						
What is the nearest source			• • • • • • • • • • • • • • • • • • • •	11. 10	. 11., 110111	1t. W	
1 Septic tank	4 Lateral lines		0 Livesto	ock nens 13	Insecticide Storage	16 Other (specify	
2 Sewer lines		• •	1 Fuel st	_	Abandoned water well	below)	
					Oil well/gas well	,	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? 5 How many feet?							
FROM TO	LITHOLOGIC	IOG	FROM		PLUGGING INT	FRVAIS	
		LOG	TROM	10	TEOGGING IN	DRVALD	
0 2 72	Soil		 				
2 8 6	79						
9 61 5h	ND + CMEST	ONE					
	NESTONE IT	NE SHKO					
72 77 SHA	#ZE		 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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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) ./							
Kansas Water Well Contractor's License No							
under the business name of Januty Strate Was Well by (signature) Januty Strate Was Send top INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or birdle he correct answers. Send top							
INSTRUCTIONS: Use typew	riter or ball point pen. PLEA.	SE PRESS FIRMLY and P	PRINT clear	ly. Please fill in old	nks, underline or circle the c	orrect answers. Send top	
three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topesa, 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. Visit us at							
http://www.kdheks.gov/waterwell/index.html.							