

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

(to rectify lacking or incorrect information)

County: Wabaunsee

Location listed as:

Location ~~changed to:~~

Section-Township-Range: _____

25-10S-10E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

SE NE SW

Other changes: Initial statements: Pottawatomie County

Changed to: Wabaunsee County

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool, legal description, and mapping tool on KGS website.

initials: DR date: 9/16/2009

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.

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Pottawatomie</u>	Fraction <u>SE 1/4 NE 1/4 SW 1/4</u>	Section Number <u>25</u>	Township Number <u>T 10 S</u>	Range Number <u>R 10 EW</u>
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Distance and direction from nearest town or city street address of well if located within city? _____

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: 39.14932

Longitude: 96.25214

Elevation: 1117

Datum: _____

Data Collection Method: _____

2 WATER WELL OWNER: JASON KING
RR#, St. Address, Box # : 820 Levee Dr
City, State, ZIP Code : Manhattan, KS 66502

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N
E
W
S

NW	NE
SW	SE

4 DEPTH OF COMPLETED WELL 98 ft.

Depth(s) Groundwater Encountered (1) 63 ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL 28 ft. below land surface measured on mo/day/yr. 3/26/09

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield 4 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

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

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr
Sample was submitted _____ Water well disinfected? Yes X No _____

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <u>X</u> Clamped _____
<u>PVC</u>	4 ABS	7 Fiberglass		Welded _____

Blank casing diameter 6 in. to 50 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 2.6 in., Weight _____ lbs./ft. Wall thickness or guage No. SPR26

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<u>PVC</u>	9 ABS	11 Other (Specify) _____
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<u>Mill slot</u>	5 Gauzed 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 50 ft. to 70 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 27 ft. to 98 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 3 ft. to 27 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide storage	<u>16 Other (specify below)</u>
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	<u>New Construction</u>
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	16	Clay, Brown			
16	18	Sand, fine			
18	61	Clayey silt, gray blue			
61	63	Silty sand, thin lenses of gravel			
63	83	SHALE, Gray			
83	85	LIMESTONE, Hard			
85	98	SHALE, GRAY			

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) 3/26/09 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 3/20/09 under the business name of Associated Drilling Inc. by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies 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. Visit us at <http://www.kdheks.gov/waterwell/index.html>.