

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

County: Wyandotte

Location listed as:

Location changed to:

Section-Township-Range: 27-40S-25E

27-10S-25E

Fraction (1/4 1/4 1/4): SW SW

SW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: Values given for latitude & longitude are believed to be state plane coordinates.

verification method: Well site address, city street map, legal description, position on plat map, other monitoring wells at same location for same owner, mapping tool on KGS website. initials: DLH date: 6/10/2009

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.

MW-104D

1 LOCATION OF WATER WELL:
 County: Wyandotte Fraction SW 1/4 SW 1/4 1/4 Section Number 27 Township Number T 40 S Range Number R 25 EW

Distance and direction from nearest town or city street address of well if located within city?
3150 Dodge Road
Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 313752.41
 Longitude: 2271028.77
 Elevation: 743.48
 Datum: _____
 Data Collection Method: GPS

2 WATER WELL OWNER: Jerome Cibrik 3200/3300 Kanawha Turnpike Union Carbide Corp. S. Charleston, WV 25329
 RR#, St. Address, Box # : _____
 City, State, ZIP Code : PO Box 8361

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

N				
	--NW--		--NE--	
W				E
	--SW--		--SE--	
	X			
S				

4 DEPTH OF COMPLETED WELL ft. 80

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....
 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
 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 No X.....

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped.....
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....
2 PVC 4 ABS 7 Fiberglass Threaded... FLUSH.....

Blank casing diameter 2 in. to 70 ft., Diameter. in. to ft., Diameter in. to ft.
 Casing height above land surface..... 0 in., Weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 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 3 Mill slot 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..... 80 ft. to 70 ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From..... 80 ft. to 67 ft., From 67 ft. to 65 ft.
 From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other... Concrete.....
 Grout Intervals: From..... 65 ft. to 2 ft., From 2 ft. to 0 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 16 Other (specify below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below
 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	9	Black Brown CLAY w/ gravel			
9	23	Brown Med SAND			
23	47	Grey Med to F SAND			
47	80	Grey Course 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) 11/19/2008 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 658 This Water Well Record was completed on (mo/day/year) 12/10/2008 under the business name of Bart Longyear Company by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PAINT 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>.