

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

(to rectify lacking or incorrect information)

County: JEFFERSON

Location listed as:

Location changed to:

Section-Township-Range: _____

23-11S-18EFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____SW SW SWOther changes: Initial statements: PERRY COUNTYChanged to: JEFFERSON COUNTY

Comments: _____

verification method: WELL ADDRESS AND LEGAL DESCRIPTION ON KGS WEBSITE.initials: CRW date: 10/15/2007

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.

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Perry		SW ¼ SW ¼ SW ¼		23		T 11 S		R 18 E	
Distance and direction from nearest town or city street address of well if located within city? Front Street, Perry, Kansas									
2 WATER WELL OWNER: County Shop c/o George Pogy									
RR#, St. Address, Box # : P.O. Box 322									
City, State, ZIP Code : Oskaloosa, Ks 66066									
Board of Agriculture, Division of Water Resources Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 30 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 11.5 23 ft. 2 ft. 3 ft. Ft.							
		WELL'S STATIC WATER LEVEL 17.85 ft. below land surface measured on mo/day/yr 06/21/07							
		Pump test data: Well water was _____ Ft. after _____ hours pumping _____ Gpm							
		Est. Yield _____ Gpm: Well water was _____ Ft. after _____ Hours pumping _____ Gpm							
		Bore Hole Diameter 8.625 in. to 30 ft. and _____ in. to _____ Ft.							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well MW-11									
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 BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____									
7 Fiberglass _____ Threaded X									
Blank casing diameter 2 in. to 20 Ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface FLUSH In., weight SCH 40 Lbs./ft. Wall thickness or gauge No. _____									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) _____									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) _____									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes _____									
7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From 20 ft. to 30 ft. From _____ ft. to _____ ft.									
SAND PACK INTERVALS: From 19 ft. to 30 ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals From3 0 ft. to 17 Ft. From2 17 Ft. to 19 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 14 Abandoned water well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) Contaminated Site									
13 Insecticide storage									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	1		Soil, dark brown, silty clay loam						
1	7		Silty Clay (CL) dark brown to br						
7	14		Clayey silt (ML) lt brown						
14	18		Silty Clay (CL)						
18	22		Clayey Silt (ML)						
22	26		Silty Clay (cl)						
26	30		Sandy Silt (ML)						
30	TD		End of Borehole						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w									
Completed on (mo/day/yr) 05/20/07 And this record is true to the best of my knowledge and belief...Kansas									
Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/yr) 06/20/07									
under the business name of Associated Environmental, Inc. By (signature) Bradley I Johnson									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

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