

County: Jefferson Fraction W2 E2 SE SW Sec. 13 T 11 S R 18 (E)W

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

(to rectify lacking or incorrect information)

Owner: Mark Sprague

Location was listed as:

Section-Township-Range: 13-115-18 E

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

Location changed to:

13-115-18 E

W2 E2 SE SW

Other changes: Initial statements: Douglas County

Changed to: Jefferson County

Comments: _____

Verification method: Wellsite address, area road map, Jefferson County online parcel search, and mapping tool & aerial photos on KGS website.

initials: DRJ date: 12/7/2012

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:	Fraction County: Douglas NW ¼ SW ¼ SW ¼	Section Number 13	Township Number T 11 S	Range Number R 18 E
Distance and direction from nearest town or city street address of well if located within city? 12593 25th St. Perry KS		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: NA Longitude: NA Elevation: NA Datum: NA Data Collection Method: legal survey		

2 WATER WELL OWNER: **Sprague**
RR#, St. Address, Box # : **12593 25th St.**
City, State, ZIP Code : **Perry KS**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>180</u> ft.
	Depth(s) Groundwater Encountered <u>1</u> NA ft. <u>2</u> ft. <u>3</u> ft.
	WELL'S STATIC WATER LEVEL <u>NA</u> 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) Geothermal 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:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) Polyethylene	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass	10 _____	Welded _____ Fusion _____

Blank casing diameter 3/4 in. to 180 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height below land surface 4 ft., Weight _____ lbs./ft. Wall thickness or gauge No. 160 PSI

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 Gauze 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 _____ ft. to _____ ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.

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

Grout Intervals From 4 ft. to 180 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	16 Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	
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	5	Topsoil/limestone gravel			
5	40	Limestone			
40	150	Dark gray shale			3-180 borings plugged
150	180	Limestone and shale mix	4	180	Bentonite

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) 11/1/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 11/2/12 under the business name of Larsen & Associates, Inc. by (signature) _____

INSTRUCTIONS: Please fill in blanks 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>.