

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

Location listed as:

Section-Township-Range: 21-11S-25E

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

County: Wyandotte
Location changed to:

19-11S-25E

SE NE NE NE

Other changes: Initial statements: Johnson County

Changed to: Wyandotte County

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool,
well owner's address, city street map, other wells for same
owner at same location, mapping tool on KGS website. initials: DRL 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.

1 LOCATION OF WATER WELL: County: JOHNSON Fraction NE 1/4 NE 1/4 NE 1/4 Section Number 21 Township Number T 11 S Range Number R 25 E

Distance and direction from nearest town or city street address of well if located within city? _____

2 WATER WELL OWNER: SPX CORPORATION - FARMER
RR#, St. Address, Box # : 3601 FARMER BANKS AVE
City, State, ZIP Code : KANSAS CITY, KS 66106

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: 39.08681
Longitude: -94.66976
Elevation: _____
Datum: _____
Data Collection Method: _____

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

			X

4 DEPTH OF COMPLETED WELL 74 ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL... 32.23 ft. below land surface measured on mo/day/yr. 12/30/08
Pump test data: Well water was.....ft. after..... hours pumping..... gpm
Est. Yield. 7.100 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) AIR SPRING
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) 8 Concrete tile CASING JOINTS: Glued..... Clamped.....
2 PVC 4 ABS 7 Fiberglass Welded..... Threaded X
Blank casing diameter 6 in. to 19 ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.
Casing height above land surface 12 in., Weight..... lbs./ft. Wall thickness or gauge No. 5CH40
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 4 in. 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 19 ft. to 74 ft., From..... ft. to..... ft.
GRAVEL PACK INTERVALS: From 17 ft. to 74 ft., From..... ft. to..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....
Grout Intervals: From 0 ft. to 15 ft., From 15 ft. to 17 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).....
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 COUNTY LANDFILL
Direction from well? How many feet? 500

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	ASPHALT			
15	3	SILTY CLAY, BROWN			
3	26	SAND, FINE, TAN			
26	43	SAND, MEDIUM, TAN			
43	60	SAND, COARSE, TAN TO GRAY			
60	72	SAND, VERY COARSE, GRAY			
72	74	SAND, W/PEA GRAVEL, VERY COARSE			
	74	SHALE CONTACT			

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) 12/30/08 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) 3/2/09
under the business name of ASSOCIATED DRILLING INC. by (signature) [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>.