

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

Location listed as:

Section-Township-Range: 36-12 S-19 E

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

County: Douglas

Location changed to:

36-12 S-19 E

SW NE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: wellsite address, city street map, and
mapping tool on KGS website.

initials: DR date: 10/7/2010

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>Douglas</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>36</u>	Township Number T <u>12</u> S	Range Number R <u>19</u> E
Distance and direction from nearest town or city street address of well if located within city? <u>1600 W 8th Terrace Lawrence, KS 66044</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>Den Sabtini</u> RR#, St. Address, Box # : <u>730 New Hampshire Suite 233</u> City, State, ZIP Code : <u>Lawrence, KS 66044</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>180</u> ft. <u>8-180' Bores Plugged</u>
	Depth(s) Groundwater Encountered (1)... <u>None</u> ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL <u>None</u> ft. below land surface measured on mo/day/yr..... Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield <u>None</u> 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 <u>12 Other (Specify below)</u> 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well <u>Closed loop Heat Pump</u> Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes No <u>X</u>

5 TYPE OF CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued..... Clamped.....
1 Steel	3 RMP (SR)	6 Asbestos-Cement	Welded. <u>Fusion</u>
2 PVC	4 ABS	7 Fiberglass	Threaded.....
Blank casing diameter <u>3/4</u> in. to <u>180</u> ft., Diameter..... in. to ft., Diameter..... in. to ft.			
Casing height above land surface..... <u>36</u> in., Weight <u>SDR 11</u> lbs./ft. Wall thickness or guage No. <u>160 PSI</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL: <u>None</u>			
1 Steel	3 Stainless Steel	5 Fiberglass	7 PVC
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)
9 ABS 11 Other (Specify)			
10 Asbestos-Cement 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE: <u>None</u>			
1 Continuous slot	3 Mill slot	5 Gauzed wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw cut
9 Drilled holes 11 None (open hole)			
10 Other (specify)			
SCREEN-PERFORATED INTERVALS: 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 180 ft. to 3 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	25	Soil + clay			
25	30	clay + gravel			
30	35	sandstone			
35	180	shale			8-180' Bores Plugged
120	130	sandstone	180	3	High Solids Bentonite
130	165	shale			
165	178	sandstone			
178	180	shale			

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) 9-16-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 561 This Water Well Record was completed on (mo/day/year) 9-16-09 under the business name of Evans Energy Dev. 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>.