

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: _____

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

County: Douglas

Location ~~changed to~~:

29 - 12 S - 20 E

NW NE SE

Other changes: Initial statements: Jefferson County

Changed to: Douglas County

Comments: _____

verification method: written & legal descriptions, city street map,
and mapping tool & aerial photos on KGS website.

initials: DRL date: 12/21/2005

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: County: **Jefferson** Fraction: **NW 1/4 NE 1/4 SE 1/4** Section Number: **29** Township Number: **T 12 S** Range Number: **R 20** (E/W)

Distance and direction from nearest town or city street address of well if located within city?
Corner of 9th and Oak St., Lawrence, KS

2 WATER WELL OWNER: **FMC Corp.**
 RR#, St. Address, Box # : **1735 Market St.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Philadelphia, PA 19103** Application Number:

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

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

4 DEPTH OF COMPLETED WELL: **28.0** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered: **1** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: **18.02** ft. below land surface measured on **11-09-05**
 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 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 **18.0** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **0** in., weight _____ lbs./ft. Wall thickness or guage No. **SCH 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 10 Asbestos-Cement
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMP (SR) 11 Other (Specify) _____
 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot **• 010** 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) _____ ft.
 SCREEN-PERFORATED INTERVALS: From **18.0** ft. to **28.0** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **28.0** ft. to **17.5** ft., From _____ ft. to _____ ft.
10/20 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **17.5** ft. to **1.0** 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 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)
 13 Insecticide storage **Farm field**
 Direction from well? **N/A** How many feet? **N/A**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Top soil	28	17.5	Natural sands
5	10	Sand	17.5	1.0	3/8 bentonite chips
10	20	Fine sand	1.0	0	Cement
20	28	Fine wet sand			
					P-D-3

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) **11-09-05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **665**. This Water Well Record was completed on (mo/day/yr) **11-10-05** under the business name of **Pratt Well Environmental** 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.