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

County: Douglas

Location listed as:	**Location changed to:**
Section-Township-Range: 31-12S-20E	31-12S-20E
Fraction (¼ ¼ ¼): NW SW NW	W2 SW NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

initials: DRL date: 9/29/2010

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.

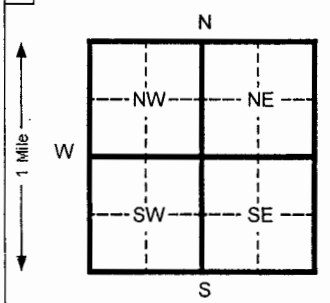
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. **MW23**

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Douglas**	**NW ¼ SW ¼ NW ¼**	**31**	T **12** S	R **20E** E/W

Distance and direction from nearest town or city street address of well if located within city?
842 Louisiana, Lawrence KS 66044. SW corner of property

2 WATER WELL OWNER: **KDHE-BER**
RR#, St. Address, Box # : **Presto Convenience Store #25**
City, State, ZIP Code : **U4-023-13799**
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF COMPLETED WELL **20** ft. ELEVATION: **858.26 TOC**
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **18.85** ft. below land surface measured on mo/day/yr **6/9/05**
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 _____ in. to _____ ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)
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**

OFFICE USE ONLY

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded **X**
Blank casing diameter **2** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **0** in., weight _____ lbs./ft. Wall thickness or gauge No. _____
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)
SCREEN-PERFORATED INTERVALS: From **5** ft. to **20** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **3** ft. to **20** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

T

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Cement 0-2'**
Grout Intervals From **2** ft. to **3** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below)
Direction from well? How many feet?

R

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
3	5		Clay w/silt, grey w/oxidation, mottled,			
			soft, moist, no odor			Flushmount waiver by D. Taylor
8	10		Clay w/some silt, rust nodules, sl stiff,			
			oxidized, mottled dk grey/reddish-brown,			
			moist, no odor. At depth: odor, crumbles			
			easily, increased rust nodules			
13	15		Clay w/silt, abrupt color change, rust w/			
			brown, green staining, v stiff, sl moist,			
			petroleum odor at depth, rust nodules			
18	20		Shale w/silty layer, tan/brown, no odor,			
			no staining			

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JUL 11 2006
BUREAU OF WATER

SEC

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/yr) **5/15/06** 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/yr) **6/19/06** under the business name of **Larsen & Associates, Inc** by (signature)

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.