

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

W2 SW NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

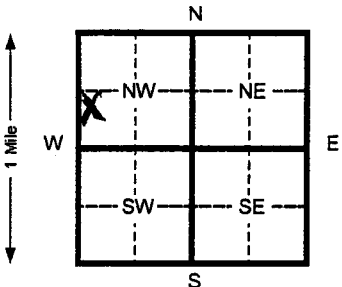
initials: DRL date: 9/29/2010

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.

1 LOCATION OF WATER WELL: County: Douglas	Fraction NW ¼ SW ¼ NW ¼	Section Number 31	Township Number T 12 S	Range Number R 20E E/W
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Distance and direction from nearest town or city street address of well if located within city?
602 W 9th Street, Lawrence KS 66044. SE 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 LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 20 ft. ELEVATION: 858.65 TOC Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 12.30 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: 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) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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
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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)
 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.
 GRAVEL PACK INTERVALS: From **3** ft. to **20** ft. From _____ ft. to _____ ft.

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? _____

FROM	TO	CODE	LITHOLOGIC LOG*	FROM	TO	PLUGGING INTERVALS
0	2	CL	Clay w/silt			
						Flushmount waiver by D. Taylor
3	5	CL	Clay w/silt			
8	10	CL	Clay w/silt			
13	15	CL	Clay w/silt			
						RECEIVED
						JUL 11 2006
						BUREAU OF WATER
			*Description generalized from conditions encountered throughout the site.			

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) **5/10/06** 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) *[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.

CORRECTED

OFFICE USE ONLY
T
R
SEC