

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

(to rectify lacking or incorrect information)

County: Douglas

Location listed as:

Section-Township-Range: 31-12S-20E

Fraction ( 1/4 1/4 1/4): NW1 SW1 NW1

Location changed to:

31-12S-20E

W2 SW1 NW1

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

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

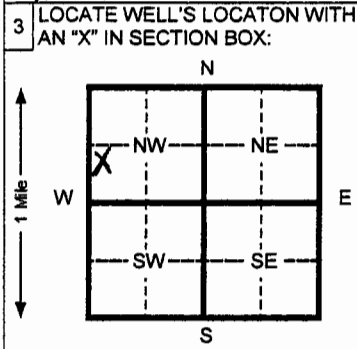
initials: DRK date: 9/29/2010

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: <b>Douglas</b>	Fraction <b>NW ¼ SW ¼ NW ¼</b>	Section Number <b>31</b>	Township Number T <b>12</b> S	Range Number R <b>20E</b> EW
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Distance and direction from nearest town or city street address of well if located within city?  
**842 Louisiana, 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:



4 DEPTH OF COMPLETED WELL **20** ft. ELEVATION: **857.48 TOC**  
 Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL **12.10** 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**

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 **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 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 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)  
 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.

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 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  
 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) **5/12/06** 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) *Kelly Larsen*

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