**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: 19-12 S-20 E | 19-12 S-20 E |
| Fraction ( ¼ ¼ ¼): SW SW SE | SW SE SE SW |

**Other changes:** Initial statements: _____

Changed to: _____

Comments: _____

verification method: Wellsite address, city street map, Google Earth, and mapping tool & aerial photos on KGS website. initials: ~~ORL~~ date: 7/13/2010

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.

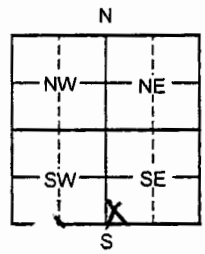
**1 LOCATION OF WATER WELL:** County: Douglas | Fraction: SW ¼ SW ¼ SE ¼ | Section Number: 19 | Township Number: T 12 S | Range Number: R 20 (E) W

Distance and direction from nearest town or city street address of well if located within city? 903 N. 2nd St. Lawrence, KS

**Global Positioning System** (decimal degrees, min. of 4 digits)
Latitude:
Longitude:
Elevation:
Datum:
Data Collection Method:

**2 WATER WELL OWNER:** Leonard Zeller
RR#, St. Address, Box # :
City, State, ZIP Code :

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




**4 DEPTH OF COMPLETED WELL** 25 ft.
AS5
Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.
WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr
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 Feed lot 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/yrs
Sample was submitted Water Well Disinfected? Yes ____ No X

**5 TYPE OF CASING USED:** 1 Steel 3 RMP (SR) (2) PVC 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 21.5 ft., Dia 2 in. to 24-25 ft., Dia in. to ft.
Casing height below land surface ft., Weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot (3) Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| SCREEN-PERFORATED INTERVALS: | From 21.5 | ft. to 24 | ft. | From | ft. to | ft. | |
| | From | ft. to | ft. | From | ft. to | ft. | |
| GRAVEL PACK INTERVALS: | From 19.25 | ft. to 25 | 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 Concrete: 0-3 ft
Grout Intervals From 3 ft. to 19.25 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 | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|---|---|---|---|---|---|
| 0 | 0.3 ft | Asphalt paving | 16 | 25 | Olive gray medium sands, no hydrocarbon |
| 0.3 | 4 | Light gray clayey silts and silts with some | | | odor |
| | | Clay, no odor | | | |
| 4 | 8.5 | Tan fine sands, dry, no odor | | | |
| 8.5 | 10.5 | Tan silts and fine sands with some clay | | | |
| 10.5 | 13 | Olive gray clayey silts, wet from 10.5 to | | | |
| | | 11 ft, mild hydrocarbon odor | | | |
| 13 | 16 | Olive gray silts and fine sands with clay, | | | |
| | | strong hydrocarbon odor, larger sands at | | | |
| | | depth | | | |

CORRECTED RECEIVED
MAY 11 2009
BUREAU OF WATER

**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) 11/24/08 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/year) 3/18/09 under the business name of Larsen & Associates, Inc. by (signature)

INSTRUCTIONS: Please fill in blanks 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.

KSA 82a-1212