

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 ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SW SW SE

SW SE SE SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well site address, city street map, Google Earth, and mapping tool & aerial photos on KGS website.

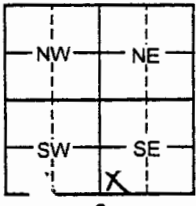
initials: DR date: 7/13/2010

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: Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>		Section Number <u>19</u>	Township Number <u>T 12 S</u>	Range Number <u>R 20 E</u>
County: <u>Douglas</u>		Distance and direction from nearest town or city street address of well if located within city? <u>903 N. 2nd St., Lawrence, KS</u>		
2 WATER WELL OWNER: <u>Leonard Zeller</u>		Global Positioning System (decimal degrees, min. of 4 digits)		
RR#, St. Address, Box # : _____		Latitude: <u>N °</u>		
City, State, ZIP Code : _____		Longitude: <u>W °</u>		
		Elevation: _____		
		Datum: <u>above mean sea level</u>		
		Data Collection Method: <u>legal survey</u>		
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>	4 DEPTH OF COMPLETED WELL <u>25</u> ft.			
	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/yr				
Sample was submitted _____ Water Well Disinfected? Yes _____ No X				
5 TYPE OF CASING USED:				
1 Steel		3 RMP (SR)		6 Asbestos-Cement
2 PVC		4 ABS		7 Fiberglass
Blank casing diameter <u>2</u> in. to <u>21.5</u> ft., Dia		2 in. to <u>24-25</u> ft., Dia		in. to _____ ft.
Casing height below land surface <u>flushmount</u> ft., Weight _____ lbs./ft.		WALL THICKNESS OR GAUGE NO. _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel		3 Stainless steel		5 Fiberglass
2 Brass		4 Galvanized steel		6 Concrete tile
SCREEN OR PERFORATION OPENINGS ARE:		7 PVC		9 ABS
1 Continuous slot		3 Mill slot		5 Gauze wrapped
2 Louvered shutter		4 Key punched		6 Wire wrapped
SCREEN-PERFORATED INTERVALS:		7 Torch cut		9 Drilled holes
From <u>21.5</u> ft. to <u>24</u> ft.		8 Saw Cut		10 Other (specify) _____
GRAVEL PACK INTERVALS:		11 Other (specify) _____		12 None used (open hole)
From <u>19.25</u> ft. to <u>25</u> ft.		12 None used (open hole)		
From _____ ft. to _____ 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 <u>Concrete: 0-3.5</u>				
Grout Intervals From <u>3.5</u> ft. to <u>19.25</u> 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
2 Sewer lines		5 Cess pool		8 Sewage lagoon
3 Watertight sewer lines		6 Seepage pit		9 Feedyard
Direction from well? _____		10 Livestock pens		13 Insecticide Storage
		11 Fuel storage		14 Abandoned water well
		12 Fertilizer storage		15 Oil well/ gas well
		16 Other (specify below)		
		How many feet? _____		
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) <u>11/24/08</u> and this record is true to the best of my knowledge and belief.				
Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>3/18/09</u>				
under the business name of <u>Larsen & Associates, Inc.</u> 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				