

(East well)

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

(to rectify lacking or incorrect information)

County:

Douglas

Location listed as:

Section-Township-Range:

17-12 S

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$):

SW NW SW

Location changed to:

17-12-20 E

SW SE NE SW

Other changes: Initial statements:

footages listed as 1780' FSL, 5020 FEL

Changed to:

1354 FSL, 3066 FEL,

Location: at Lawrence Airport, 100' South of Terminal

Comments:

used datum WGS 84

verification method:

Latitude longitude given, location on Google Earth, LEO Conversion mapping program. location of well construction record.

initials:

date:

1/22/2010

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 PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

East Well

1 LOCATION OF WATER WELL: County: Douglas	Fraction <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ $\frac{1}{4}$	Section Number 17	Township Number T 12 S	Range Number <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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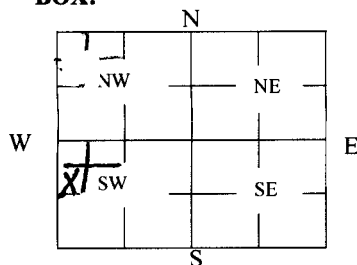
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 1780' N, 5020' W from SE corner

Global Positioning Systems (GPS) information:Latitude: 39 degrees, 0', 15.4" N (in decimal degrees)Longitude: 95 degrees, 12', 58.6" W (in decimal degrees)

Elevation: _____

Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27**Collection Method:**☐ GPS unit (Make/Model: _____)☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land SurveyEst. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: Lawrence Utilities Dept.
RR#, St. Address, Box #: 6 E. 6th Street
City, State ZIP Code: Lawrence, KS 66044

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL** 76.5 **ft.**WELL'S STATIC WATER LEVEL 16.5 ft

WELL WAS USED AS:

☐ Domestic
☐ Irrigation
☐ Feedlot
☐ Industrial

☐ Public Water Supply
☐ Oil Field Water Supply
☐ Domestic (Lawn & Garden)
☐ Air Conditioning

☐ Dewatering
☐ Monitoring
☐ Injection Well
☒ Other fire protect
Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒**5 TYPE OF BLANK CASING USED:**
☒ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below)
☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

Blank casing diameter 18 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
 Casing height above or below land surface 24 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☒ Bentonite ☒ Other Chlorinated sandGrout Plug Intervals: From 76.5 ft. to 16.5 ft., From 16.5 ft. to 14.5 ft., From 14.5 to 3 ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input checked="" type="checkbox"/> Other (specify below) airport runway
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

Direction from well? _____
 How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
76.5	16.5	Chlorinated sand			
16.5	14.5	Bentonite chips			
14.5	3	8-sack cement grout			

Original Returned to Sender
for Correction Date: 6/21/10

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/26/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102. This Water Well Record was completed on (mo/day/year) 6/14/10 under the business name of Layne Christensen Company by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline 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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy