

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

(to rectify lacking or incorrect information)

County: Johnson

Location listed as:

Section-Township-Range: 20-125-24EFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE NW NE

Location changed to:

20-125-24ENW NE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Corrections submitted to KDHE by well contractor,
well owner's address, city street map, and mapping tool
& aerial photos on KGS website. initials: DRD date: 10/8/2007

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: Johnson

Distance and direction from nearest town or city street address of well if located within city?
15320 Midland Drive, Shawnee, KS

Fraction

SE 1/4 NW 1/4 NE 1/4

Section Number

20

Township Number

T 12 S

Range Number

R 24 E/W

2 WATER WELL OWNER:

McAnany Construction, Inc.
RR#, St. Address, Box # 15320 Midland Drive
City, State, ZIP Code Shawnee, KS 66217-9605

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: _____

Longitude: _____

Elevation: _____

Datum: _____

Data Collection Method: _____

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

N

W

E

S

4 DEPTH OF COMPLETED WELL 25 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL 10.59 ft. below land surface measured on mo/day/yr 4-20-07

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 Feedlot 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 ☒ If yes, mo/day/yr _____

Sample was submitted _____ Water well disinfected? Yes _____ No ☒

5 TYPE OF 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 _____

Blank casing diameter 2 _____ in. to 15 _____ ft., Diameter. _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface _____ in., Weight _____ lbs./ft. Wall thickness or gauge No. SCH40

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 Gauzed 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 25 _____ ft. to 15 _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 25 _____ ft. to 13.7 _____ 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

Grout Intervals: From 13.7 _____ ft. to 1 _____ ft., From 1 _____ ft. to 0 _____ 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 13 Insecticide Storage 16 Other (specify below)

2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well

Direction from well? Immediate vicinity How many feet? Immediate vicinity

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0 1 Asphalt surface 25 13.7 10/20 Sand

1 5 Brown clay, moist, stiff, low plasticity 13.7 1 3/8 Bentonite chips

5 10 Brown with black clay with trace silt 1 0 Cement

10 15 Brown clay with trace silt and medium plastic

15 25 Silty clay, light brown, moist, light plastic

MW-3

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) 4-19-07 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 5-28-07

under the business name of Pratt Well Environmental by (signature) *John E. Pratt*

INSTRUCTIONS: Use typewriter or ball point 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, 1 000 SW Jackson St., Suite 420, Topeka, Kansas 66612- 1 367. 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.kdhe.state.ks.us/geo/waterwells>.

KSA 82.-1212