

CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 20-13S-20E

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

County: Johnson

Location changed to:

20-13S-22E

SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Followed drillers directions from Be Soto on Johnson
Co. map

initials: E.P. date: 7/16/2004

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:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>Johnson</u>	<u>SW 1/4 NW 1/4</u> 1/4	<u>20</u>	<u>13S</u>	<u>20E</u> E/W																								
Distance and direction from nearest town or city street address of well if located within city? <u>2 miles South of Desota, KS</u>																													
2	WATER WELL OWNER: <u>Army operations Support Command</u> <u>Sanflower Army Ammunition Plant</u> RR #, St. Address, Box #: _____ Board of Agriculture, Division of Water Resources City, State, ZIP Code : <u>PO Box 640 Desota, KS 66018</u> Application Number: _____																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <u>12</u> ft.																										
N <table border="1" style="width: 100%; height: 150px;"><tr><td style="width: 25%; text-align: center;">NW</td><td style="width: 25%; text-align: center;">NE</td></tr><tr><td style="width: 25%; text-align: center;">SW</td><td style="width: 25%; text-align: center;">SE</td></tr></table> S		NW	NE	SW	SE	WELL'S STATIC WATER LEVEL ft.																							
		NW	NE																										
		SW	SE																										
		WELL WAS USED AS:																											
<table style="width: 100%;"><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Domestic (Lawn & Garden)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other</td></tr></table>			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other															
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		Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>																											
		If yes, mo/day/yr sample was submitted																											
		Water Well Disinfected: Yes No <u>X</u>																											
5	TYPE OF BLANK CASING USED:																												
<table style="width: 100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (Specify below)</td></tr><tr><td><u>2</u> PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table>						1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<u>2</u> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile															
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Blank casing diameter <u>2</u> in. Was casing pulled? <u>Yes</u> No If yes, how much																													
Casing height above or below land surface <u>2</u> in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other																												
Grout Plug Intervals: From <u>12</u> ft. to <u>0</u> ft., From ft. to ft., From to ft.																													
What is the nearest source of possible contamination:																													
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Direction from well? How many feet?																													
<table border="1" style="width: 100%;"><thead><tr><th style="width: 10%;">FROM</th><th style="width: 10%;">TO</th><th style="width: 80%;">PLUGGING MATERIALS</th></tr></thead><tbody><tr><td><u>0</u></td><td><u>12</u></td><td><u>Bentonite chips</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>						FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>12</u>	<u>Bentonite chips</u>																		
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6/23/03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>704</u> This Water Well Record was completed on (mo/day/year) under the business name of <u>MAXS</u> by (signature) <u>David M. Mays</u>																												
INSTRUCTIONS: Use typewriter or ball point pen. Please <u>press firmly</u> and <u>print</u> 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: 785/296-5522. Send one to Water Well Owner and retain one for your records.																													