

County: Geary Fraction NW NE SW Sec. 6 T 13 S R 8 EW

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

(to rectify lacking or incorrect information)

Owner: Kenneth Kemp

Location was listed as:

Location changed to:

Section-Township-Range: 6-13S-8E

6-13S-8E

Fraction (1/4 1/4 1/4): NE NE SW

NW NE SW

Other changes: Initial statements: Wabaunsee County

Changed to: Geary County

Comments: _____

Verification method: written & legal descriptions, and mapping tool & aerial photos on KGS website.

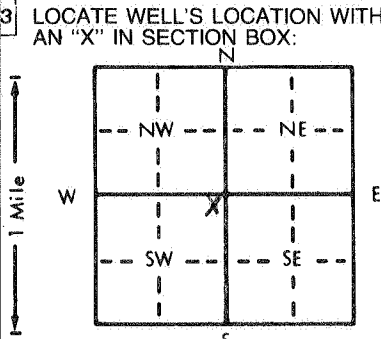
initials: DRJ date: 9/28/2012

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: County: Wakarusa Fraction: NE 1/4 NE 1/4 SW 1/4 Section Number: 6 Township Number: T 13 S Range Number: R 8 (EW)
 Distance and direction from nearest town or city street address of well if located within city?
8.5 3 1/2 W 1/2 N HWY 177 + Interstate 70

2 WATER WELL OWNER: Kenneth Kemp
 RR#, St. Address, Box #: R.F.D. 1 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Alta Vista, Kansas 66834 Application Number:



4 DEPTH OF COMPLETED WELL: 60 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 3-7 ft. below land surface measured on mo/day/yr 2-22-89
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 3-4 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 8 in. to 60 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic X 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 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 X No _____

5 TYPE OF BLANK CASING USED:
 1 Steel X 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
 2 PVC X 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter 5 in. to 7 ft., Dia 25 in. to 40 ft., Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC X 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut X 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 7 ft. to 25 ft., From 40 ft. to 60 ft.
 GRAVEL PACK INTERVALS: From 7 ft. to 60 ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite X 4 Other _____
 Grout Intervals: From 0 ft. to 7 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 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage
 Direction from well? SW How many feet? 40

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	9	Brown clay			
9	15	tan shale			
15	16	Limestone			
16	34	gray shale			
34	44	red shale			
44	47	Limestone			
47	60	gray shale + flint			

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) 2-22-89 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 234 This Water Well Record was completed on (mo/day/yr) 2-21-89 under the business name of Blue Valley Drilling by (signature) Betty Jo Strader

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.