

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

County: Osage

Location listed as:

Location changed to:

Section-Township-Range: 14-15S-14E

14-15S-14E

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

NE SE SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: well location is in Burlingame, KS.

verification method: Latitude & longitude, KGS' "LEO" conversion tool, written description & area street map, and mapping tool on KGS website. initials: DRL date: 1/14/2009

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 MW-5

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: OSAGE	Fraction SW 1/4 NW 1/4 SW 1/4	Section Number 14	Township Number T 15 S	Range Number R 14 E W
Distance and direction from nearest town or city street address of well if located within city? 100 ft SE from the intersection of BNSF RR and East Hall St.		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38.7479 Longitude: -95.8304 Elevation: _____ Datum: NAD 83 Data Collection Method: Trimble Mobile Mapper GPS		

2 WATER WELL OWNER: KDHE
RR#, St. Address, Box # : **1000 SW Jackson Suite 410**
City, State, ZIP Code : **Topeka, KS 66612**

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

N		E	
W	---	NW	NE
---	---	---	---
---	---	SW	SE
---	---	---	---
S			

4 DEPTH OF COMPLETED WELL **20** ft.

Depth(s) Groundwater Encountered (1) **10** ft. (2) ft. (3) ft.
WELL'S STATIC WATER LEVEL **1.85** ft. below land surface measured on mo/day/yr. **4-13-07**
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) 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)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued Clamped	
<input checked="" type="radio"/> PVC	4 ABS	7 Fiberglass		Welded	Threaded <input checked="" type="checkbox"/>

Blank casing diameter **2** in. to **10** ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface **0** in., Weight lbs./ft. Wall thickness or guage No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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 **20** ft. to **10** ft., From ft. to ft.
From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **20** ft. to **8** ft., From ft. to ft.
From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other

Grout Intervals: From **8** ft. to **0** 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	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? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
20	0	libby Clay			

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) **4-13-07** and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) **4-30-07**
under the business name of **KDHE** by (signature) **Whitney Rawls**

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, 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/index.html>.