

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: 6-15 S-16 E

6-15 S-16 E

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

SW NW SW SW

Other changes: Initial statements: Shawnee County

Changed to: Osage County

Comments: _____

verification method: Latitude & Longitude, KGS' "LEO" conversion tool,
legal description, and mapping tool & aerial photo on
KGS website. initials: ARL date: 10/15/2008

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: Shawnee Fraction NW 1/4 SW 1/4 SW 1/4 Section Number 6 Township Number T 15 S Range Number R 16 EW
 Distance and direction from nearest town or city street address of well if located within city? _____
Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 38.77077
 Longitude: 95.68589
 Elevation: 1078
 Datum: WGS 84
 Data Collection Method: Hand held GPS

2 WATER WELL OWNER: Lee Gorman
 RR#, St. Address, Box # : 110 165th St
 City, State, ZIP Code : Topeka, KS 66601

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

	NW	NE	
W			E
	SW	SE	
	S		

4 DEPTH OF COMPLETED WELL 140 ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....
 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 Ground source

Was a chemical/bacteriological sample submitted to Department? Yes No X.....; If yes, mo/day/yr
 Sample was submitted..... Water well disinfected? Yes No

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped.....
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
 2 PVC 4 ABS 7 Fiberglass HDPE Threaded.....

Blank casing diameter 3/4 in. to 140 ft., Diameter. in. to ft., Diameter in. to ft.
 Casing height above land surface..... in., Weight lbs./ft. Wall thickness or guage No.

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..... ft. to ft., From..... ft. to ft.
 From..... ft. to ft., From..... ft. to ft.

GRAVEL PACK INTERVALS: From..... ft. to 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 140 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 House

Direction from well? East How many feet? 15

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Soil			
6	28	Grey shale			
28	32	Limestone			
32	75	Light Grey Shale			
75	78	Limestone			
78	138	Grey shale			
138	140	Limestone			

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) 7/7/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 9/22/08 under the business name of Associated Drilling Inc by (signature) [Signature]

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>.