

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: \_\_\_\_\_

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

County: Douglas

Location ~~changed to:~~

11-155-19 E

NE SW SW

Other changes: Initial statements: Franklin County

Changed to: Douglas County

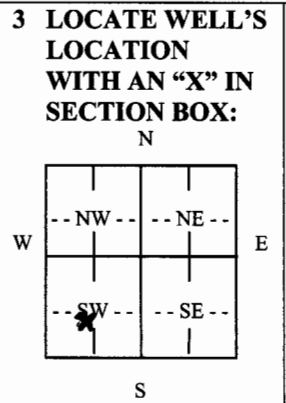
Comments: \_\_\_\_\_

verification method: written & legal descriptions, county map, position on plat map, and mapping tool on KGS website.

initials: DRK date: 4/30/2008

**1 LOCATION OF WATER WELL:**  
 County: FRANKLIN Fraction NE 1/4 SW 1/4 Section Number 11 Township Number T 15 S Range Number R 19 E/W  
 Distance and direction from nearest town or city street address of well if located within city? FROM BALDWIN CITY 4.5 MILES WEST, 2 MILES SOUTH, 1/4 MILE WEST AND 1/4 MILE NORTH  
**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER:** FRANKLIN COUNTY RWD #5  
 RR#, St. Address, Box # : 2694 STAFFORD RD.  
 City, State, ZIP Code : OTTAWA, KS 66067-0314



**4 DEPTH OF COMPLETED WELL** ..... 142 ..... ft.  
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL.. 28.3 ..... ft. below land surface measured on mo/day/yr 8/21/02.....  
 Pump test data: Well water was.....ft. after..... hours pumping..... gpm  
 Est. Yield.. 80.....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 OBSERVATION.....  
 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)  
2 PVC 4 ABS 7 Fiberglass  
 Blank casing diameter .... 6 ..... in. to 6.2 ..... ft., Diameter..... in. to ..... ft., Diameter..... in. to ..... ft.  
 Casing height above land surface..... 30 ..... in., Weight ..... lbs./ft. Wall thickness or gauge No. SDR 26  
**CASING JOINTS:** Glued..... SCREENED  
 Welded..... Clamped.....  
 Threaded.....  
**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 1 Steel 3 Stainless Steel 5 Fiberglass 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 .030 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 6.2 ..... ft. to 142 ..... ft., From ..... ft. to ..... ft.  
SAND From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 60 ..... ft. to 142 ..... ft., From ..... ft. to ..... ft.  
10/20 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grout Intervals: From 3 ..... ft. to 60 ..... 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 6 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? ..... WELLS WAS CONTAMINATED WITH BACTERIA

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	SOIL	59	75	SANDSTONE, GRAY
2	17	CLAY, BROWN TO TAN	75	142	SANDSTONE, GRAY
17	35	SANDSTONE, BROWN TO ORANGE BROWN	142		SHALE, GRAY
35	37	SANDY SHALE, GRAY			
37	41	SANDSTONE, GRAY BROWN			
41	43	SANDY SHALE, GRAY			
43	45	SANDSTONE, BROWN GRAY			
45	50	SANDY SHALE, GRAY			
50	53	SANDSTONE BROWN			
53	59	SANDY SHALE, GRAY			

**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) 2/12/08..... 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) 2/15/08.....  
 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>.