

County: Johnson Fraction SE NW SE Sec. 7 T 15 S R 25 E/W

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

(to rectify lacking or incorrect information)

Owner: Galamba

Location was listed as:

Section-Township-Range: _____

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

Location changed to:

Other changes: Initial statements: Miami County

Changed to: Johnson County

Comments: _____

Verification method: wellsite address, area road map, and mapping tool & aerial photos on KGS website.

initials: DRJ date: 4/26/2013

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:		Fraction		Section Number	Township Number	Range Number
County: Miami		SE ¼ NW ¼ SE ¼		7	T 15 S	R 25 E
Distance and direction from nearest town or city street address of well if located within city? 20485 Antioch Rd., Bucyrus KS						
2 WATER WELL OWNER: Galamba				Global Positioning System (decimal degrees, min. of 4 digits)		
RR#, St. Address, Box # : 20485 Antioch Rd.				Latitude: NA		
City, State, ZIP Code : Bucyrus KS				Longitude: NA		
				Elevation: NA		
				Datum: NA		
				Data Collection Method: legal survey		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 200 ft.				
		Depth(s) Groundwater Encountered 1 NA ft. 2 NA ft. 3 NA ft.				
		WELL'S STATIC WATER LEVEL NA 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					Geothermal	
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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 _____ No X						
5 TYPE OF CASING USED:						
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile
2 PVC		4 ABS		6 Asbestos-Cement		CASING JOINTS: Glued _____ Clamped _____
		7 Fiberglass		9 Other (specify below)		Welded _____ Fusion _____
				Polyethylene		Threaded _____
Blank casing diameter 3/4 in. to 200 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height below land surface 4 ft., Weight _____ lbs./ft. Wall thickness or gauge No. 160 PSI						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)
				9 ABS		11 Other (specify)
				10 Asbestos-Cement		12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot		3 Mill slot		5 Gauze wrapped		7 Torch cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut
						9 Drilled holes
						11 None (open hole)
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		3 Bentonite		4 Other _____
Grout Intervals From 4 ft. to 200 ft. From _____ ft. to _____ 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
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
						13 Insecticide Storage
						14 Abandoned water well
						15 Oil well/ gas well
						16 Other (specify below)
Direction from well? _____ How many feet? _____						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	15	Brown silty clay				
15	25	Brown shale				
25	120	White limestone			10-200 borings plugged	
120	140	Gray shale				
140	155	White limestone	4	200	Bentonite	
155	160	Red shale				
160	180	White limestone				
180	200	Black shale				
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) 11/14/11 and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 12/20/11						
under the business name of Larsen & Associates, Inc. by (signature) _____						
INSTRUCTIONS: Please fill in blanks 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 .						