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

(to rectify lacking or incorrect information)

County: Morris

Location listed as:	**Location changed to:**
Section-Township-Range: 31-15S-9E	31-15S-9E
Fraction (¼ ¼ ¼): NW	NW SE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, position on plat map, and aerial photo on KGS website.

initials: DRL date: 11/7/2005

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 KSA 82a-1212

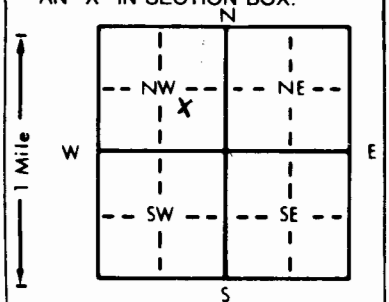
1 LOCATION OF WATER WELL: County: Morris | Fraction: NW (¼) ¼ ¼ | Section Number: 31 | Township Number: T 15 S | Range Number: R 9 (E)/W

Distance and direction from nearest town or city street address of well if located within city?
1 1/2 miles North + 1/4 mile ~~West~~ East of Council Grove

2 WATER WELL OWNER: Bill J. Boyce
RR#, St. Address, Box # : 1220 Old Highway 4
City, State, ZIP Code : Council Grove, KS 66846

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL. . . . . ft. ELEVATION: . . . . .
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
Bore Hole Diameter . . . . . in. to . . . . . ft., and . . . . . in. to . . . . . ft.
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 Lawn and garden only 10 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 BLANK 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 . . . . . Threaded . . . . .
Blank casing diameter . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.
Casing height above land surface . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . . .
TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) . . . . .
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch 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 (3) Bentonite 4 Other . . . . .
Grout Intervals: 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 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? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	3.0	Top Soil			
			3.0	6.0	Bentonite Plug
6.0	30.0	Gravel + Sub Soil			
			30.0	68.0	Chlorine + Sand

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) . . . . . 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/yr) 9-13-05
under the business name of . . . . . by (signature) Jo Bea Titus

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼