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: None Given	2-17S-8E
Fraction (¼ ¼ ¼):	SW NW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Phone call to well contractor, and mapping tool & aerial photos on KGS website.

initials: DRL date: 7/28/2010

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: Morris | Fraction ¼ ¼ ¼ | Section Number | Township Number T S | Range Number R E/W

Distance and direction from nearest town or city street address of well if located within city? 3½ mile South of Council Grove

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude:
Longitude:
Elevation:
Datum:
Data Collection Method:

2 WATER WELL OWNER: Ronnie Patterson
RR#, St. Address, Box # : B28A Lake Road
City, State, ZIP Code : Council Grove, ks 66846

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

N / W / E / S; NW, NE, SW, SE; X in NE

4 DEPTH OF COMPLETED WELL 30 ft.

Depth(s) Groundwater Encountered (1) 11-12 ft. (2) ..... ft. (3) ..... ft.
WELL'S STATIC WATER LEVEL 8 ft. below land surface measured on mo/day/yr JAN. 15-09
Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm
Est. Yield 10+ 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 .....

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

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped .....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....
(2 PVC) 4 ABS 7 Fiberglass ..... Threaded .....
Blank casing diameter 5 in. to 11 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 32 in., Weight ..... lbs./ft. Wall thickness or guage No. S.D.R.-26

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass (7 PVC) 9 ABS 11 Other (Specify) .....
2 Brass 4 Galvanized Steal 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 11 ft. to 30 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 10 ft. to 30 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 3 ft. to 10 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 Old Creek Bed
Direction from well? North How many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil Blk	28	30	Lime
4	8	Shale Red			
8	11	Shale - Gray / Flint Gravel			
11	12.5	Shale - Gray / Gravel			
12.5	14	Lime Lite Gray			
14	15	Shale Blk			
15	18	Lime Gray			
18	20	Shale Gray			
20	23	Lime Gray			
23	27	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) JAN 15-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 216 This Water Well Record was completed on (mo/day/year) .....
under the business name of Zinn Water Well Drlg by (signature) Joseph A. Zinn

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.

KSA 82a-1212