

County: Lyon Fraction NE SE SE SE Sec. 10 T 19 S R 11 (E)W

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)
(to rectify lacking or incorrect information)

Owner: City of Emporia

Location was listed as:

Section-Township-Range: None Given

Fraction (1/4 1/4 1/4): _____

Location changed to:

10-19S-11E

NE SE SE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Latitude & Longitude, KGS' "LEO" conversion tool, wellsite address & city street map, and mapping tool on KGS website.

initials: DRJ date: 5/23/2013

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: County: <u>Lyon</u> | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | Section Number | Township No. T S R | Range Number <input type="checkbox"/> E <input type="checkbox"/> W |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> . <u>1705 East Street</u> <u>Emporia KS</u> | | Global Positioning System (GPS) information: Latitude: <u>N 38° 24.387'</u> (in decimal degrees) Longitude: <u>W 096° 10.275'</u> (in decimal degrees) Elevation: <u>1128</u> Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>Garmin NUKI</u>) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m | | |
| 2 WATER WELL OWNER: <u>CITY EMPORIA KS</u> RR#, Street Address, Box #: <u>522 Mechanic</u> City, State, ZIP Code : <u>Emporia KS 66801</u> | | | | |

| | | | | | |
|---|----|----|----|----|--|
| <p>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</p> <p style="text-align: center;">N</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> </tr> <tr> <td style="width: 25%;">SW</td> <td style="width: 25%;">SE</td> </tr> </table> <p style="text-align: center;">S</p> <p style="text-align: center;">-----1 mile-----</p> | NW | NE | SW | SE | <p>4 DEPTH OF COMPLETED WELL <u>22</u> ft.</p> <p>Depth(s) Groundwater Encountered (1). <u>Dry</u>..... ft. (2)..... ft. (3)..... ft.</p> <p>WELL'S STATIC WATER LEVEL.....ft. below land surface measured on mo/day/yr.....</p> <p>Pump test data: Well water was.....ft. after..... hours pumping..... gpm</p> <p>EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm</p> <p>Bore Hole Diameter to <u>4.8</u> in. toft., andin. toft.</p> <p>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well</p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)</p> <p><input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well</p> <p>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, mo/day/yr sample was submitted.....</p> <p>Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| NW | NE | | | | |
| SW | SE | | | | |

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter in. to ft., Diameter in. to ft.

Casing height above land surface..... in., Weightlbs./ft., Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

Steel Stainless Steel PVC Other (Specify)

Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)

Louvered shutter Key punched Wire wrapped Saw cut 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: Neat cement Cement grout Bentonite Other

Grout Intervals: From..... ft. to ft., From..... ft. to ft., From..... ft. to ft.

What is the nearest source of possible contamination:

Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)

Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well

Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well

Direction from well Distance from well

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|------|----|-------------------------|------|----|--|
| | | <u>Approved Harper</u> | | | <u>3' to 22' concrete</u> |
| | | <u>Project 09N5P012</u> | | | <u>vibrated</u> |
| | | | | | <u>wash down wall 250 gal</u> |
| | | | | | <u>chlorinated water</u> |
| | | | | | <u>Remove top of rock</u> |
| | | | | | <u>Wall install 12"</u> |
| | | | | | <u>Bentonite blanket</u> |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 3-23-13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 203..... This Water Well Record was completed on (mo/day/year) 4-21-13 under the business name of M.E. N.E.K. Drilling & Metals..... by (signature) J.C. McMillan.....

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.