

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

(to rectify lacking or incorrect information)

County: Franklin

Location listed as:

Section-Township-Range: 20-19-15E

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

Location changed to:

20-15S-19E

NW NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Franklin Co. map, aerial photos on KGS web,
map on internet.

initials: E.P. date: 1/13/2006

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL: County: Franklin Fraction: NW 1/4 NW 1/4 SW 1/4 Section Number: 20 Township Number: T 19 S Range Number: R 150 EW

Distance and direction from nearest town or city street address of well if located within city?
1 East & 2 North of Centropolis

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

2 WATER WELL OWNER: Tracy Oliverius
RR#, St. Address, Box # : 4789 Foward
City, State, ZIP Code : Ottawa, KS 66067

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

N			
-- NW --	-- NE --		
X		E	
-- SW --	-- SE --		
S			

4 DEPTH OF COMPLETED WELL 60 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
WELL'S STATIC WATER LEVEL 30 ft. below land surface measured on mo/day/yr. 12-21-05
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
 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 _____; If yes, mo/day/yr
 Sample was submitted Water well disinfected? Yes _____ No _____

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____

Blank casing diameter 6" in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 4' in., Weight _____ lbs./ft. Wall thickness or guage No. .250

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) N/A
 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 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) N/A

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 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:
 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

Direction from well? South How many feet? 100'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			60	4	Bentonite Hal plug
			4	0	TOP SOIL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 12-21-05 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 536 This Water Well Record was completed on (mo/day/year) 12-27-05
 under the business name of Patchen Pump & Well Drilling Inc by (signature) Jim E. Patchen

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.kdhe.state.ks.us/geo/waterwells>.