

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as _____

changed to _____

Other changes: Initial statements: Harvey County

Changed to: Marion County

Comments: _____

verification method: Written & legal descriptions, and

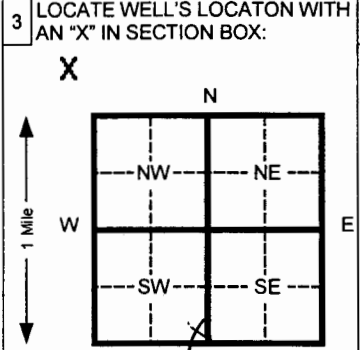
Peabody 1:24,000 topo. map. initials: DRP date: 12/22/2000

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: **HARVEY** SE ¼ SE ¼ SW ¼ **33** T **21** S R **3** E

Distance and direction from nearest town or city street address of well if located within city?
203 WEST 22ND STREET

2 WATER WELL OWNER: **ROY UNRUH**
 RR#, St. Address, Box #: **203 W 22ND STREET** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **PEABODY, KS 66866** Application Number:



4 DEPTH OF COMPLETED WELL **27** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **23.5** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **24.36** ft. below land surface measured on mo/day/yr **9/21/00**
 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 **8.625** in. to **27** ft. and _____ in. to _____ ft.
 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)**
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well **AS-NORTH**
 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 BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 **PVC X** 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____
 7 Fiberglass _____ **Threaded** _____ **X**
 Blank casing diameter **2** in. to **24.5** Ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface **Flush** in., weight **Sch 40** Lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 **PVC X** 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole) _____
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 **Mill slot X** 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **24.5** ft. to **27** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 SAND PACK INTERVALS: From **23** ft. to **27** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 **Cement grout X** 3 **Bentonite X** 4 Other _____
 Grout Intervals From 3 **23** ft. to **3** Ft. From 2 **3** Ft. to **0** 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 **Contaminated Site**
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		CONCRETE			
.5	2		SILT & CLAY			
2	8		SILTY CLAY			
8	26		SILT & CLAY			
26	27		CLAYEY SILT			
27	TD		END OF BOREHOLE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w
 Completed on (mo/day/yr) **9/18/00** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **10/02/00**
 under the business name of **Associated Environmental, Inc.** By (signature) **A. Duncan for D. Duncan**
 INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

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