

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

County: Neosho

Location listed as:

Section-Township-Range: 21-27-18E

Fraction (1/4 1/4 1/4): SW SE NW

Location changed to:

21-27-18E

SE SW NW

Other changes: Initial statements: 319 E Elm, Chanute

Changed to: 319 E Elm, Chanute : 100' N

Comments: Change Fraction location ~~to~~ and address location per
KGS mapping program and plugging record

verification method: _____

initials: SM/DS date: 2-11-2013

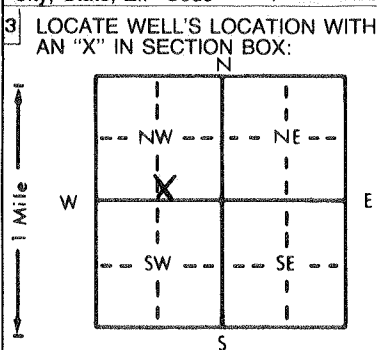
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

mw-7

1 LOCATION OF WATER WELL: County: **Neosho** Fraction **SW 1/4 SE 1/4 NW 1/4** Section Number **21** Township Number **T 27 S** Range Number **R 18 EW**

Distance and direction from nearest town or city street address of well if located within city? **319 E. Elm, Chanute, Ks**

2 WATER WELL OWNER: RR#, St. Address, Box # **Johnson's General Store C/O Jay Johnson** Board of Agriculture, Division of Water Resources City, State, ZIP Code **P.O. Box 9250, Wichita, Kansas 67277** Application Number: _____



4 DEPTH OF COMPLETED WELL... **15** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. **1** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL... **3.32** ft. below land surface measured on **1-22-97** 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... **8.625** in. to **15** 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 *mw-7*

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 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded **X**

Blank casing diameter **2** in. to **5** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.

Casing height above land surface **0** in., weight **SCH 40 PVC** lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____
 7 Torch cut

SCREEN-PERFORATED INTERVALS: From **5** ft. to **15** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **4** ft. to **15** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **2.0** ft. to **2.0** ft., From **3** ft. to **2** ft., From **4** 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) **16**
 13 Insecticide storage

Direction from well? _____ How many feet? _____ Contaminated Si _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
GL	1.00	Soil			
1.00	15.00	Silty Clay (CL)			
15.00	TD	End of Borehole			

Flush Mount waiver

D. Taylor 10/24/96

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. **585** This Water Well Record was completed on (mo/day/yr) _____ under the business name of **AEI** by (signature) *D. Johnson for Davis Panner*

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.