

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

(to rectify lacking or incorrect information)

Location listed as:

County: Labette

Location ~~changed to:~~

Section-Township-Range: _____

18-31S-20E

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

NE SW SW

Other changes: Initial statements: Crawford County

Changed to: Labette County

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool,
and mapping tool on KGS website.

initials: WRL date: 1/10/2008

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: Crawford		NE ¼	SW ¼	18	T 31 S	R 20 E
Distance and direction from nearest town or city street address of well if located within city? 1827 Crawford, Parsons, KS				Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: Jerry Davidson RR#, St. Address, Box # : PO Box 667 City, State, ZIP Code : Independence, KS 67301-0667				Latitude: N 37.34253°		
				Longitude: W 95.26406°		
				Elevation: PIN: 903.89, TOC: 903.56		
				Datum: above mean sea level		
Data Collection Method: legal survey						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>15.5</u> ft.				
<div style="text-align: center;"> </div>		MW1				
		Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.				
		WELL'S STATIC WATER LEVEL <u>7.00</u> ft. below land surface measured on mo/day/yr <u>10/31/07</u>				
		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				
		1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)				
		2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <u>10</u> Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr _____				
		Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>				
5 TYPE OF CASING USED:						
1 Steel		3 RMP (SR)		6 Asbestos-Cement		8 Concrete tile
<u>2</u> PVC		4 ABS		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____
						Welded _____
						Threaded <u>X</u>
Blank casing diameter <u>2</u> in. to <u>3.5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height below land surface <u>0.33</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		<u>7</u> PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)
						9 ABS
						11 Other (specify) _____
						10 Asbestos-Cement
						12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot		<u>3</u> Mill slot		5 Guaze wrapped		7 Torch cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut
						9 Drilled holes
						11 None (open hole)
						10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From <u>3.5</u> ft. to <u>15.5</u> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>2</u> ft. to <u>15.5</u> ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite <u>4</u> Other cement, 0-1						
Grout Intervals From <u>1</u> ft. to <u>2</u> 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
2 Sewer lines		5 Cess pool		8 Sewage lagoon		<u>11</u> Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
						13 Insecticide Storage
						14 Abandoned water well
						15 Oil well/ gas well
						16 Other (specify below) _____
Direction from well? _____ How many feet? _____						
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS
0	1	Concrete				
1	8	Brown clay mottled gray, iron staining, moist, no odor				
8	13	Yellow brown clay, mottled gray, moist, no odor, wet zone from ~11 ft to ~12 ft				
13	15.5	Yellow brown weathered shale, moist, no odor				
	15.5	Limestone, auger refusal				
Flushmount waiver from BOW						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, <u>2</u> reconstructed, or <u>3</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>10/24/07</u> and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>12/19/07</u>						
under the business name of <u>Larsen & Associates, Inc.</u> by (signature) _____						
INSTRUCTIONS: Please fill in blanks 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 .						