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

(to rectify lacking or incorrect information) County: Labette Location changed to: Location listed as: Section-Township-Range: Fraction (¼ ¼ ¼): 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.

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.

		RECORD		n WWC-5				ources; App			
1 LOCA	TION OF	WATER WELL:	Fraction NF 1/2	SW 1/	SW 1/2	Section No	umber	Townsh	ip Number	Range N	Number
Distance a	and direction	n from nearest town	or city stre	et address of	well if G	lobal Pos	itioning	g System	(decimal dear	rees min o	f 4 digits)
County: Crawford NE ½ SW ½ SW ½ 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 County: Crawford NE ½ SW ½ SW ½ 18 T 31 S R 20 E Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 37.34250°											
				Longitude: W 95.26378°							
2 WATER WELL OWNER: Jerry Davidson						Elevation: PIN: 904.19, TOC: 903.98 Datum: above mean sea level					
RR#, S	St. Address,	Box # : PO Box	k 667			Datum:	abov	e mean se	a level		
City, S	State, ZIP Co	ode : Indeper	idence, KS	67301-0667		Data Colle	ection N	Method: 1	egal survey		
		'S 4 DEPTH OF	COMPL	ETED WEL	L	18.5		ft.			
LOCA						MW3					
	I AN "X" II		idwater En	countered 1			ft. 2		ft. 3		ft.
SECT	ION BOX:		TIC WATE	R LEVEL	8.34 ft	below la	nd surfa	ace measu	red on mo/d	ay/yr 10)/31/07
	N	Pump	test data:	Well water	was	ft.	after]	hours pumpi	ng	gpm
	1	Est. Yield	gpm:	Well water	was	ft.	after]	hours pumpi	ing	gpm
NW - NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well										ell	
w i		Domestic 3	Feed lot	6 Oil field v	vater supp	ly	9 Dew	atering	12 Oth	er (Specif	y below)
\ \v		2 Irrigation 4	Industrial	7 Domestic	(lawn & g	arden) ([0]Mon	itoring we	ell		
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs											
S Sample was submitted Water Well Disinfected? Yes No X											
5 TVPE	OF CASIN	NG LISED: 5	Wrought I	ron	8 Concret	e tile	CAS	ING IOIN	ITS: Glued	Clan	ned
1 Ste	el CASII	3 RMP (SR) 6	A shestos-(Cement	9 Other (snecify he	low)		Welde	ed Chair	
(2) PX	IC .	4 ABS 7	Fiberglass	Comon) onioi (speeily ee	1011)		Threa	ded	Y
Blank cas	ina diamete	r 2 in to	3.5	ft Dia	·i	n to		Dia	in	to.	- ^
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 3.5 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.21 ft., Weight lbs./ft. Wall thickness or gauge No.											
TVDE OF	CODEENIC	ΊΟ ΒΕΡΕΛΡΑΤΙΛΝ	IMATEDI	Δ T ·							
TYPE OF SCREEN OR PERFORATION MATERIAL: 1. Steel 3. Stainless steel 5. Fiberglass (7) PVC 9. ABS 11. Other (specify)											
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify) 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 Guaze 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) SCREEN-PERFORATED INTERVALS: From 3.5 ft. to 18.5 ft. From ft. to ft.											
SCREEN.	-PERFORA	TED INTERVALS:	From	3.5	nt. to	18.5	n. Fr	om	n. t	o	π.
İ .			From		ft. to		ft. Fr	om	tt. t	0	^{ft.}
GR	CAVEL PAC	CK INTERVALS:	From	2.5	.tt. to	18.5	n. Fr	om	ft. t	o	n.
			From -		11. 10		II. FI	OIII	II. U	·	Il.
6 GROU	UT MATER	RIAL: 1 Neat cen	nent 2 Ce	ement grout	(3) Bento	nite (4)Other	r cement,	0-1		
Grout Inte	ervals Fr	om 1 ft. to	2.5 ft	. From	ft.	to	ft.	From		ft. to	ft.
What is th	ne nearest so	ource of possible cor	itamination	1:				_			
	tic tank	4 Lateral lin			0 Livesto	ck pens		ecticide S		16 Other	(specify
2 Sew	ver lines	5 Cess pool	8 Sewa	age lagoon (1				andoned v		below	')
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well											
Direction from well? How many feet?											
FROM	TO	LITHO	LOGIC LO	G	FROM	TO	1	PLUG	GING INTI	ERVALS	
0	1	Concrete									
1	7	Brown silty clay, in	ron stainin	g, moist,							
		no odor									
7	8	Red brown silty cl	ay, mottled	d gray,							
		moist, no odor									
8	11	Yellow brown sha									
11	18.5	Yellow brown wea	inered sha	iie							
						 	Flushr	mount we	iver from E	ROW	
					 	-	1 iusiii	mount wa	iver irom i		
7 CONT	RACTOR'	S OR LANDOWN	ER'S CER	TIFICATIO	N: This w	ater well v	vas (1)	onstructed	(2) reconstru	icted, or (3)	plugged
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) 10/24/07 and this record is true to the best of my knowledge and belief.											
Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 12/19/07											
under the business name of Larsen & Associates, Inc. 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 the to WATER WELL OWNER and retain one for											
Geology Sec	ction, 1000 SW	Jackson St., Suite 420,	Topeka, Kans	as 66612-1367.	Telephone 7	85-296-5522	2. Serie	ne to WATE	R WELL OW	NER and ret	ain one for
your records	s. ree of \$5.00	for each constructed we	i. visit us at	mtp.//www.kdh	ks.gov/wate	ı WCII.		• •			