

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

County: Washington

Location listed as:

Location ~~changed to:~~

Section-Township-Range: _____

NW NE NE 8-4-3E

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

Other changes: Initial statements: _____

Changed to: _____

Comments: location of well: from Linn: 3 miles north,
2 miles west

verification method: call to driller, 9/4/2009

initials: AT date: 9/15/2009

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.

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:
 County: Washington Fraction NW 1/4 NE 1/4 NE 1/4 Section Number B Township Number T 4 S Range Number R 3 E W
 Distance and direction from nearest town or city street address of well if located within city? _____ **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: 39.72571
 Longitude: 97.10970
 Elevation: 1458
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: OHLOE DAPPY
 RR#, St. Address, Box # : 1814 9th Rd
 City, State, ZIP Code : LINN, KS 66953

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

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

4 DEPTH OF COMPLETED WELL 140 ft.
 Depth(s) Groundwater Encountered (1) 117 ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL 69 ft. below land surface measured on mo/day/yr. 7/2/09
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 30 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/yrs
 Sample was submitted _____ Water well disinfected? Yes No _____

5 TYPE OF CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)
 PVC 4 ABS 7 Fiberglass _____
 Blank casing diameter 6 in. to 140 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 28 in., Weight _____ lbs./ft. Wall thickness or guage No. SDR 26
TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 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 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) _____
SCREEN-PERFORATED INTERVALS: From 100 ft. to 140 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 25 ft. to 80 ft., From _____ ft. to _____ ft.
 From 95 ft. to 140 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Kentonite 4 Other _____
 Grout Intervals: From 3 ft. to 25 ft., From 80 ft. to 95 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 13 Insecticide storage 16 Other (specify)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well _____
 Direction from well? SOUTH How many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	CLAY, RED			
5	9	CLAY, BROWN			
9	17	Sandstone, tan			
17	80	Shale, gray to red			
80	88	Shale/Sandstone interbedded			
88	98	Shale, light gray			
98	117	Shaly sandstone			
117	140	Sandstone			

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) 7/2/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 8/3/09 under the business name of Associated Drilling Inc by (signature) _____

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.kdheks.gov/waterwell/index.html>.