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

County: Jackson

Location listed as:	**Location changed to:**
Section-Township-Range: 20-6S-14E	17-6S-14E
Fraction (¼ ¼ ¼): NE SW NE	SE SE NW SE

Other changes: Initial statements: Elev.: 1114

Changed to: Elev.: 1103 (from NED)

Comments:

verification method: Personal communication from people at USGS, and Lat./Long. & KGS' "LEO" conversion tool.

initials: DRL date: 4/6/2011

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.

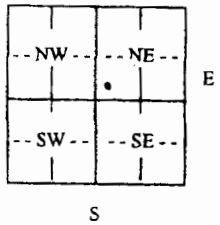
1 LOCATION OF WATER WELL: County: Jackson | Fraction: ¼ NE ¼ SW ¼ NE ¼ | Section Number: 20 | Township No.: T 6 S | Range Number: R 14 ☑E ☐W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.
262 Rd. and J Rd.

2 WATER WELL OWNER: RR#, Street Address, Box #: United States Geological Survey 4821 Quail Crest Place
City, State, ZIP Code : Lawrence, KS 66049

Global Positioning System (GPS) information:
Latitude: 39 31.528 (in decimal degrees)
Longitude: 95 52.404 (in decimal degrees)
Elevation: 1114
Datum: ☑ WGS 84, ☐ NAD 83, ☐ NAD 27
Collection Method:
☑ GPS unit (Make/Model: Garmin St Pilot 3)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☑ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

3 LOCATE WELL WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 20 ft.
Depth(s) Groundwater Encountered (1) 11.5 ft. (2) ..... ft. (3) ..... ft.
WELL'S STATIC WATER LEVEL 11 ft. below land surface measured on mo/day/yr. 9/9/10
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 8.25 in. to 20 ft., and ..... in. to ..... ft.
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well
☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☑ Monitoring well
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No
If yes, mo/day/yr sample was submitted .....
Water well disinfected? ☐ Yes ☑ No

5 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other .....
CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☑ Threaded
Casing diameter 2.5 in. to 20 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 30 in., Weight ..... lbs./ft., Wall thickness or gauge No. schedule 80
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify) .....
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous slot ☑ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) .....
SCREEN-PERFORATED INTERVALS: From 10 ft. to 20 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 10 ft. to 20 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other .....
Grout Intervals: From surface ft. to 10 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
What is the nearest source of possible contamination:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well
Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	11	Loam soil			
11	20	sand, clayey sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 9/9/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 823 This Water Well Record was completed on (mo/day/year) 9/21/10 under the business name of United States Geological Survey by (signature) .....

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212 Check: ☑ White Copy, ☐ Blue Copy, ☐ Pink Copy