

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

(to rectify lacking or incorrect information)

County: Atchison

Location listed as:

Section-Township-Range: 6-65-38W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): None Given

Location changed to:

6-65-21E

NW SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, written description, city street map, and Atchison East 1:24,000 topo. map.

initials: DRL date: 4/11/2006

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 NMW-2 Form WWC-5

Division of Water Resources; App. No. [REDACTED]

1 LOCATION OF WATER WELL: County: Atchison Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number 6 Township Number T 6 S Range Number R 38 E 10

Distance and direction from nearest town or city street address of well if located within city?
10' N of Main St Atchison KS

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 39° 33' 39.45"
 Longitude: 95° 07' 20.40"
 Elevation: 816.39
 Datum: _____
 Data Collection Method: GPS Survey

2 WATER WELL OWNER: KDHE
 RR#, St. Address, Box # : 1000 S W Jackson
 City, State, ZIP Code : Topeka KS 66612

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

-- NW --		-- NE --	
-- SW --		-- SE --	

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4 DEPTH OF COMPLETED WELL 35 ft.

Depth(s) Groundwater Encountered (1) 12 ft. (2) ft. (3) ft.
 WELL'S STATIC WATER LEVEL 12 ft. below land surface measured on mo/day/yr. 9/28/05
 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
 PVC 4 ABS 7 Fiberglass Threaded T
 Blank casing diameter 2 in. to ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface 0 in., weight lbs./ft. Wall thickness or gauge No. Sch. 40
 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:
 Continuous slot Mill slot 5. Guazed 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 35 ft. to 20 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From 35 ft. to 18 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other
 Grout Intervals: From 18 ft. to 1 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 13 Insecticide Storage 16 Other (specify)
 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 wll/gas well
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>5</u>	<u>SILT</u>			
<u>5</u>	<u>25</u>	<u>CLAY</u>			
<u>25</u>	<u>35</u>	<u>SAND</u>			

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) 9/26/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 704 This Water Well Recored was completed on (mo/day/year) Under the business name of MAXS by (signature) David [unclear]

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.