

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

County: Riley

Location listed as:

Section-Township-Range: _____

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

Location changed to:

24-7S-4E

NW NW NE

Other changes: Initial statements: Clay County

Changed to: Riley County

Comments: _____

verification method: Legal description, Lat./long. & KGS' "LEO" conversion tool, well owner's address, area road map, and mapping tool & aerial photos on KGS website. initials: DRJ date: 8/6/2010

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: <u>CLAY</u>	Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>24</u>	Township Number T <u>7</u> S	Range Number R <u>4</u> <u>EN</u>
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: <u>39.43631</u> Longitude: <u>96.93006</u> Elevation: <u>1381</u> Datum: _____ Data Collection Method: <u>GPS WGS 84</u>		

2 WATER WELL OWNER: Blake Larson
RR#, St. Address, Box # : 16821 Green Randolph Rd
City, State, ZIP Code : Green, KS 67447

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>100</u> ft.						
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="text-align: center;">N</td></tr> <tr><td style="text-align: center;"> X </td></tr> <tr><td style="text-align: center;">--NW-- --NE--</td></tr> <tr><td style="text-align: center;">W E</td></tr> <tr><td style="text-align: center;">--SW-- --SE--</td></tr> <tr><td style="text-align: center;">S</td></tr> </table>	N	X	--NW-- --NE--	W E	--SW-- --SE--	S	Depth(s) Groundwater Encountered (1)..... <u>71</u> ft. (2)..... _____ ft. (3)..... _____ ft. WELL'S STATIC WATER LEVEL..... <u>55</u> ft. below land surface measured on mo/day/yr. <u>2-22-2010</u> Pump test data: Well water was..... _____ ft. after..... _____ hours pumping..... _____ gpm Est. Yield <u>25</u> 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 <input checked="" type="checkbox"/> 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
N							
X							
--NW-- --NE--							
W E							
--SW-- --SE--							
S							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No _____							

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> 2 PVC	4 ABS	7 Fiberglass		Welded _____
				Threaded _____

Blank casing diameter 6 in. to 2400 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface..... 2400 in., Weight _____ lbs./ft. Wall thickness or guage No. SDR26

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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..... 60..... ft. to 100..... ft., From _____ ft. to _____ ft.
 From..... _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From..... 25..... ft. to 100..... ft., From _____ ft. to _____ ft.
 From..... _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 0..... ft. to 25..... 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 below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	
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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Soil	91	93	Limestone
6	12	Shale brown	93	100	Shale, gray
12	15	Limestone			
15	61	Shale			
61	62	Limestone			
62	71	Shale, gray			
71	75	Limestone			
75	82	Shale, gray			
82	83	Limestone			
83	91	Shale, gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 2-22-2010 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) Feb-10-2010
 under the business name of Associated Drillers by (signature) [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>.