

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

County: Pottawatomie

Location listed as:

Section-Township-Range: 14-85-8E

Fraction (1/4 1/4 1/4): NE SE NE

Location changed to:

14-85-8E

NE NE SE NE

Other changes: Initial statements: No written description given.

Changed to: From Westmoreland: 2.5 mi S., 3 mi W., 0.25 mi N.

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool,
county ownership map, and mapping tool on KGS website.

initials: DR date: 10/23/2008

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: Pottawatomie Fraction NE 1/4 SE 1/4 NE 1/4 Section Number 14 Township Number T 8 S Range Number R 8 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: 39.35924
 Longitude: 96.46277
 Elevation: 1250
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: GROUND SOURCE LUL (FREET)
 RR#, St. Address, Box # : 214 E-5th St
 City, State, ZIP Code : Holton, KS 66436

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

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

4 DEPTH OF COMPLETED WELL 140 ft.
 Depth(s) Groundwater Encountered (1).....40..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....
 Pump test data: Well water was..... ft. after..... hours pumping..... gpm
 Est. Yield.....5.....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) 10 Monitoring well CLOSED LOOP
GEO THERMAL
 Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr
 Sample was submitted..... Water well disinfected? Yes No X.....

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 X.....
 2 PVC 4 ABS 7 Fiberglass HOPE Threaded.....
 Blank casing diameter 3/4 in. to 140 ft., Diameter..... in. to ft., Diameter in. to ft.
 Casing height below land surface..... 40 in., Weight lbs./ft. Wall thickness or guage No. SPR11
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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 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..... ft. to ft., From..... ft. to ft.
 From..... ft. to ft., From..... ft. to ft.
 GRAVEL PACK INTERVALS: From..... ft. to 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 4 ft. to 140 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	8	CLAY	130	140	SHALE, GRAY
8	12	LEMPSTONE			
12	35	SHALE			
35	40	LEMPSTONE H2O			
40	55	SHALE, GRAY			
55	62	LEMPSTONE			
62	96	SHALE			
96	93	LEMPSTONE			
93	106	SHALE			
106	130	LEMPSTONE			

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) 10/6/08 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) 10/9/08 under the business name of ASSOCIATED PUMPERS 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>.