

County: Jackson Fraction SW NW SW Sec. 21 T 9 S R 14 E/W

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

Owner: Scott Albright

Location was listed as:

Location changed to:

Section-Township-Range: 21-9S-14E

21-9S-14E

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

SW NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Well owner's address, area road map,

personal communication from local landowner, and mapping

tool & aerial photos on KGS website initials: DRL date: 4/30/2013

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.

1 LOCATION OF WATER WELL: County: Jackson	Fraction NE SE 1/4 SW SW 1/4	Section Number 21	Township Number T 9 S	Range Number R 14E E/W
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Distance and direction from nearest town or city street address of well if located within city?

5 miles East of Delia

2 WATER WELL OWNER: **Scott Albright**
 RR#, St. Address, Box # : **11242 J Rd**
 City, State, ZIP Code : **Delia, Kansas 66418**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 60 ft. ELEVATION:
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Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.

WELL'S STATIC WATER LEVEL**1.2**..... ft. below land surface measured on mo/day/yr**2-7-06**.....

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield**1.2**..... gpm: Well water was ft. after hours pumping gpm

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
		7 Domestic (lawn & garden)	10 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 BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
		7 Fiberglass		Threaded

Blank casing diameter~~XXXX~~ **5**..... in. to ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface**2.4**..... in., weight**2.82**..... lbs./ft. Wall thickness or gauge No.**258**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-Cement
2 Brass	4 Galvanized Steel	6 Concrete tile	9 ABS	11 Other (Specify)
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Guazed wrapped	8 <u>Saw cut</u>	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	ft.

SCREEN-PERFORATED INTERVALS: From**3.0**..... ft. to**4.0**..... ft., From ft. to ft.

GRAVEL PACK INTERVALS: From**2.3**..... ft. to**6.0**..... ft., From ft. to ft.

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

Grout Intervals: From**3**..... ft. to**2.3**..... 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	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	creek

Direction from well? **west** How many feet? **53'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	top soil			
2	16	clay brown			
16	30.5	clay grey			
30.5	35	course sand grey xxx coarse gravel			
35	60	shale grey			

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)**2-7-06**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No**1.82**..... This Water Well Record was completed on (mo/day/yr)**2-8-06**..... under the business name of **Strader Drilling Co., Inc.** by (signature) *Jim Strader*

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.