

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

(to rectify lacking or incorrect information)

County: Ottawa

Location listed as:

Section-Township-Range: _____

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

Location changed to:

33-11-SWSW SW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: County maps, Google maps, location informationinitials: MS date: 6/15/06

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

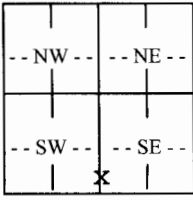
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

WATER WELL RECORD

Form WWC-5

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

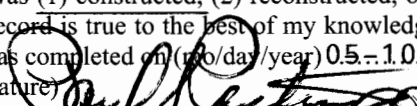
1 LOCATION OF WATER WELL: County: SALINE	Fraction SW ¼ SW ¼ SE ¼	Section Number 33	Township Number T 11 S	Range Number R 5W E/W
Distance and direction from nearest town or city street address of well if located within city? ½ MILE EAST OF INTERSECTION 20th. RD. AND FRONTIER RD. NORTH SIDE		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: LUCY CARLSON TRUST RR#, St. Address, Box # : 1060 KILDEER RD. City, State, ZIP Code : MINNEAPOLIS, KS. 67467				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  W E S	4 DEPTH OF COMPLETED WELL 65 ft. Depth(s) Groundwater Encountered (1)..... 35 ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL... 35 ft. below land surface measured on mo/day/yr. 0.5-0.6-0.6 Pump test data: Well water was..... 6.0ft. after..... 2 hours pumping 1.0 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) 10 Monitoring well LIVESTOCK Was a chemical/bacteriological sample submitted to Department? Yes NoX..... ; If yes, mo/day/yr Sample was submitted..... Water well disinfected? YesX..... No
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5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS	5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other (specify below)	CASING JOINTS: Glued...X..... Clamped..... Welded..... Threaded.....
Blank casing diameter 5 in. to 4.5 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface..... 30 in., weight..... 1.60lbs./ft. Wall thickness or gauge No. SDR 26			
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 slot0.255 . 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..... 45 ft. to 65 ft., From ft. to ft. From..... ft. to ft., From ft. to ft.			
GRAVEL PACK INTERVALS: From..... 24 ft. to 65 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 24 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 <u>14 Abandoned water well</u> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas well	
Direction from well? ... SOUTHEAST How many feet? 15	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	TOP SOIL			
1	19	SANDSTONE TAN			
19	35	CLAY LIGHT AND DARK GRAY			
35	59	SANDSTONE WITH MANY SMALL CLAY LAYERS			
59	65	SHALE GRAY			

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) **0.5-1.0-0.6**... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **388**..... This Water Well Recored was completed on (mo/day/year) **0.5-1.0-0.6**..... Under the business name of **PESTINGER PUMP SERVICE** by (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.