

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

(to rectify lacking or incorrect information)

County: Franklin

Location listed as:

Section-Township-Range: 36-16 S-19

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

Location changed to:

36-16 S-19 ~~E~~

SE NE SW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: Well address, city street map on internet,  
and mapping tool on KGS website.

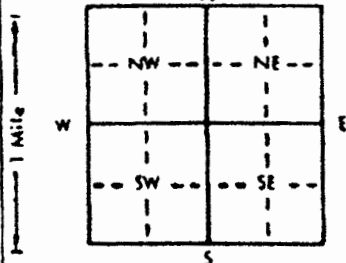
initials: ORL date: 5/2/2006

1 LOCATION OF WATER WELL: Fraction  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  Section Number **36** Township Number T **16** S Range Number R **19** E/M

Distance and direction from nearest town or city street address of well if located within city?  
**434 S. SYCAMORE OTTAWA, KS**

2 WATER WELL OWNER: **JAMIE SCHULS**  
 RR#, St. Address, Box #: **834 BURROUGH**  
 City, State, ZIP Code: **OTTAWA, KS 66067**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: DEPTH OF COMPLETED WELL: **20** ft. ELEVATION:



Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: **DRY** ft. below land surface measured on mo/day/yr **2/13/06**  
 Pump test date: Well water was ..... ft. after ..... hours pumping ..... g  
 Est. Yield ..... gpm. Well water was ..... ft. after ..... hours pumping ..... g  
 Bore Hole Diameter ..... in. to ..... ft. and ..... in. to .....  
 WELL WATER TO BE USED AS:  
 1 Domestic  4 Feedlot  
 2 Irrigation  4 Industrial  7 Lawn and garden only  10 Monitoring well  
 5 Public water supply  8 Air conditioning  11 Injection well  
 6 Oil field water supply  9 Dewatering  12 Other (Specify below)  
 Was a chemical/bacteriological sample submitted to Department? Yes..... No. **3** If yes, mo/day/yr sample was: mitted 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 Clamped  
 2 PVC 4 ABS 6 Asbestos-Cement **9 Other (specify below)** Welded  
 Blank casing diameter: **36"** in. to **20'** ft. Dia. in. to ..... ft. Dia. in. to ..... lbs./ft. Wall thickness or gauge No.  
 Casing height above land surface ..... in., weight .....  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fib 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Co **ORIGINAL** 11 Other (specify) .....  
 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot 3 Mill slot 8 Saw cut 11 None (open hole)  
 2 Louvered shutter 4 Key punched 9 Drilled holes  
 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From ..... m ..... ft. to .....  
 GRAVEL PACK INTERVALS: From ..... m ..... ft. to .....  
 6 GROUT MATERIAL: 1 Neat cement **2 Cement grout** 3 Bentonite 4 Other  
 Grout intervals: From ..... ft. to ..... 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  
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
20'	12'	FILLED W/ GRAVEL			
12'	13'	CONCRETE CAP (1/2 CY)			
					LOCATION ON LOT
					BALK OF LOTS TO CENTER
					SYCAMORE 70'
					5TH STREET 81'
		HAND DUG WELL 20' DEEP			
		3' DIA.			
		REMOVED TO DEPTH OF			
		7' BELOW EXISTING GRADE			
		(TOP OF PLUG)			
					RECEIVED
					APR 10 2006
					BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or **(3) plugged** under my jurisdiction and completed on (mo/day/year) **2/13/06** and this record is true to the best of my knowledge and belief. Kans Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) **2/15/06** under the business name of **MIKE TOWNER CONTRACTOR** by (signature) **Mike Towner**

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.