

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: None GivenFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE SE SW SWCounty: Douglas

Location changed to:

1-13 S-19 ESE SE SW SWOther changes: Initial statements: Latitude: 38-56-42, Longitude: 95-15-25Changed to: Latitude: 38.943087, Longitude: 95.256532
(from Google Earth, WGS 84 datum)

Comments: _____

verification method: Wellsite address, city street map,
Google Earth, Lat. & Long. & KGS' "LEO" conversion tool,
& mapping tool on KGS website. initials: DRH date: 4/19/2011

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>Douglas</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <u>1714 W 23rd Lawrence KS</u>		Fraction <u>SE 1/4 SE 1/4 SW 1/4 SW 1/4</u> Section Number _____ Township No. <u>T S R</u> Range Number <u>E W</u>		Global Positioning System (GPS) information: Latitude: <u>38-56-42</u> (in decimal degrees) Longitude: <u>95-15-25</u> (in decimal degrees) Elevation: <u>814.86848; TOL 865.09</u> Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 <u>NAD 83</u> Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																																																																					
2 WATER WELL OWNER: <u>Kwik Shop #773</u> RR#, Street Address, Box #: <u>734 E 4th Ave</u> City, State, ZIP Code: <u>Hutchinson KS 67501</u>		3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div> <p style="text-align: center;">S 1 mile</p>																																																																																							
4 DEPTH OF COMPLETED WELL <u>13</u> ft. <u>MW5</u> Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>2.18</u> ft. below land surface measured on mo/day/yr <u>9/1/10</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																									
		5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter <u>2</u> in. to <u>3</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>0.39</u> in., Weight _____ lbs./ft., Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>3</u> ft. to <u>13</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>2</u> ft. to <u>13</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																							
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>Concrete 0-1 ft.</u> Grout Intervals: From <u>1</u> ft. to <u>2</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input checked="" type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well Direction from well <u>SW</u> Distance from well <u>50 ft.</u>																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.3</td> <td>Asphalt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.3</td> <td>5</td> <td>Brown soft silty clay and tan</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>soft silt with pebbles</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9</td> <td>13</td> <td>Tan soft shale</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	0.3	Asphalt				0.3	5	Brown soft silty clay and tan						soft silt with pebbles				9	13	Tan soft shale																																																										<div style="text-align: right; font-size: 1.2em; font-weight: bold;">00001285</div>			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>9/8/10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>754</u> This Water Well Record was completed on (mo/day/year) <u>11/5/10</u> under the business name of <u>Larsen & Associates, Inc.</u> by (signature) <u>[Signature]</u> INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .																																																																																									