

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

(to rectify lacking or incorrect information)

County: Dickinson

Location listed as:

Section-Township-Range: 12-125-4E

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

Location changed to:

12-125-3E

SE SW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, and mapping tool & aerial photos on KGS website.

initials: DR date: 3/19/2012

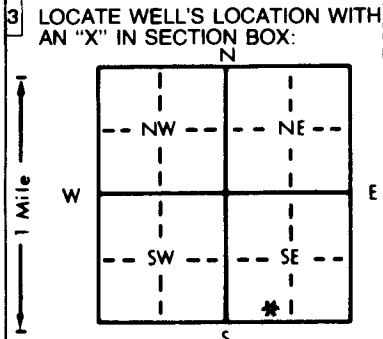
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

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

1 LOCATION OF WATER WELL: Fraction SE 1/4 SW 1/4 SE 1/4 Section Number 12 Township Number T 12 S Range Number R 4 E
 County: Dickinson

Distance and direction from nearest town or city street address of well if located within city?
3 miles North of Chapman, Ks & 1 1/2 miles West

2 WATER WELL OWNER: Craig Chamberlin
 RR#, St. Address, Box #: Rt 2, Box 149 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Chapman, Kansas 67431 Application Number:



4 DEPTH OF COMPLETED WELL: 102 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 67 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 58 ft. below land surface measured on mo/day/yr 4/23/93
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 9 in. to 102 ft., and _____ in. to _____ ft.
 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 Lawn and garden only 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued * Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing diameter 5 in. to 102 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 15 in., weight 200 lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 62 ft. to 102 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 26 ft. to 102 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 3 ft. to 26 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? WEST WILL BE How many feet? APPROX 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	DARK TOP SOIL			
1	2	BROWN CLAY			
2	3	LITE COLOR SHALE CLAY			
3	13	LITE COLOR Limestone			
13	26	LITE COLOR SHALE			
26	29	LITE COLOR Limestone			
29	41	LITE COLOR CLAY & SHALE			
41	44	LITE COLOR CLAY			
44	67	LITE COLOR SHALE CLAY			
67	79	LITE COLOR Limestone			
79	81	LITE COLOR SHALE			
81	83	LITE COLOR Limestone			
83	90	GRAY CLAY			
90	99	LITE COLOR Limestone			
99	102	LITE GRAY SHALE			

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) 4/23/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 397 This Water Well Record was completed on (mo/day/yr) 5/3/93 under the business name of CENTRAL KANSAS DRILLING by (signature) Harold D. Martin

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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