

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

Location listed as:

Section-Township-Range: 27-12 S-3-4

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

County: Dickinson

Location changed to:

27-12 S-4 E

NW SE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

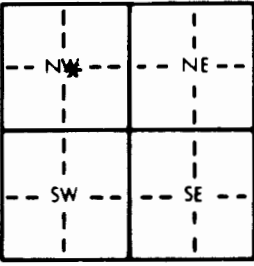
initials: DRK date: 3/19/2012

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 **NW 1/4 SE 1/4 NW 1/4** Section Number **27** Township Number **T 12 S** Range Number **R 3-4 E/W**
 County: **Dickinson**

Distance and direction from nearest town or city street address of well if located within city?
3 1/2 miles East of Chapman, Ks on Hwy 40 & 1/2 mile West & 1/4 mile South

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

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 4 DEPTH OF COMPLETED WELL: **100** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. **84** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **77** ft. below land surface measured on mo/day/yr **4 / 25 / 91**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **5** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **9** in. to **100** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 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:
 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 _____
 7 Fiberglass Threaded _____
 Blank casing diameter **5** in. to **100** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **14** in., weight **160** lbs./ft. Wall thickness or gauge No. **214**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 **PVC** 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 **Mill slot** 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **80** ft. to **100** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **35** ft. to **100** 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 **4** ft. to **35** 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? **EAST** How many feet? **170**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	DARK TOP SOIL	91	98	GRAY LIMESTONE
1	8	BROWN CLAY	98	100	GRAY SHALE
8	9	LIMESTONE LITE COLOR			
9	14	TAN CLAY			
14	16	LITE COLOR LIMESTONE			
16	19	LITE COLOR CLAY			
19	30	LITE COLOR LIMESTONE			
30	35	LITE COLOR SHALE			
35	48	LITE COLOR LIMESTONE			
48	51	GRAY SHALE			
51	60	LITE COLOR LIMESTONE			
60	67	GRAY SHALE			
67	84	LITE COLOR LIMESTONE & DARK FLINT ROCK			
84	90	YELLOW LIMESTONE			
90	91	DARK FLINT ROCK			

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 / 25 / 91** 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 / 13 / 91** 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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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