

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as NW NE NE, 24-14S-4-5E

changed to NW NE NE, 24-14S-4E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, position on plat map,
and Woodbine 1:24,000 topo. map (buildings shown on map) initials: WRD date: 5/4/2001

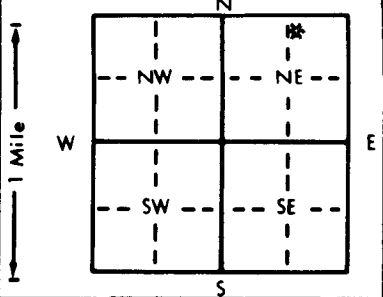
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1 LOCATION OF WATER WELL: Fraction NW 1/4 NE 1/4 NE 1/4 Section Number 24 Township Number T 14 S Range Number R 4-5 E/W
 County: Dickinson
 Distance and direction from nearest town or city street address of well if located within city?

1 mile East of Woodbine, Ks on county Rd 209 & 2 miles North on old Hwy y 77

2 WATER WELL OWNER: Larry Latzke
 RR#, St. Address, Box # : Rt 1
 City, State, ZIP Code : Woodbine, Kansas 67492
 Board of Agriculture, Division of Water Resources
 Application Number:

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



4 DEPTH OF COMPLETED WELL: 71 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 56 ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL . . . 50 . . . ft. below land surface measured on mo/day/yr 12 / 14 / 90

Pump test data: Well water was . . . ft. after . . . hours pumping . . . gpm
 Est. Yield . . . 10 . . . gpm: Well water was . . . ft. after . . . hours pumping . . . gpm
 Bore Hole Diameter . . . 9 . . . in. to . . . 71 . . . 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:
 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 . . . 71 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.
 Casing height above land surface . . . 18 . . . 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 . . . 51 . . . ft. to . . . 71 . . . ft., From . . . ft. to . . . ft.
 From . . . ft. to . . . ft., From . . . ft. to . . . ft.
 GRAVEL PACK INTERVALS: From . . . 23 . . . ft. to . . . 71 . . . 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 . . . 2 . . . ft. to . . . 23 . . . 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 How many feet? 275

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	DARK TOP SOIL			
1	22	BROWN CLAY			
22	33	LITE COLOR LIMESTONE			
33	40	GRAY SHALE			
40	54	DARK LIMESTONE & FLINT ROCK			
54	56	LITE COLOR LIMESTONE			
56	71	GRAY LIMESTONE			

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) 12 / 14 / 90 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) 1 / 1 / 91 under the business name of CENTRAL KANSAS DRILLING by (signature) Harold D. Muter

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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