

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:

DICKINSON

listed as SE SE NE, 2-14S-4-5E

changed to SE SE NE, 2-14S-4E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

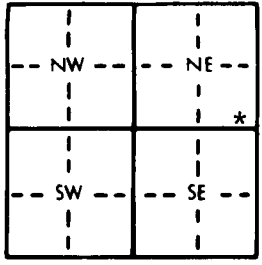
verification method: written & legal descriptions, position on plat map,
and Woodbine 1:24,000 topo. map (buildings shown on map) initials: QR date: 5/4/2001

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 SE 1/4 SE 1/4 NE 1/4 Section Number 2 Township Number T 14 S Range Number 4-5 E/W
 County: Dickinson

Distance and direction from nearest town or city street address of well if located within city?
4 miles North of Woodbine, Ks. go 1 mile East & 1/2 mile North

2 WATER WELL OWNER: Loren Gugler
 RR#, St. Address, Box #: 911 N.W. 3 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Abilene, Kansas 67410 Application Number:

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

 4 DEPTH OF COMPLETED WELL: 90 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 17 ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL 13 ft. below land surface measured on mo/day/yr 3 / 5 / 99
 Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield 2 gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter 9 in. to 90 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 90 ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface 16 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 18 ft. to 90 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From 13 ft. to 90 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 4 Bentonite 4 Other
 Grout Intervals: From 3 ft. to 13 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? SOUTHWEST How many feet? 350

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	BROWN CLAY			
8	18	BROWN CLAY WITH MIXED ROCK			
18	34	HARD LIMESTONE & FLINT			
34	36	LITE COLOR LIMESTONE			
36	46	GRAY LIMESTONE			
46	47	BLUE FLINT			
47	49	DARK GRAY HARD LIMESTONE			
49	56	GRAY SHALE			
56	61	RED SHALE			
61	68	GRAY SHALE			
68	70	GRAY LIMESTONE			
70	73	GRAY SHALE & CLAY			
73	83	HARD DARK GRAY SHALE			
83	84	GRAY SHALE & GYPSUM ROCK			
84	90	HARD 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) 3 / 5 / 99 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) 3 / 10 / 99
 under the business name of CENTRAL KANSAS DRILLING by (signature) [Signature]

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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