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

LOCATION OF WATER WELL: County: _____	Fraction ____¼ ____¼ ____¼ ____¼	Section _____	Township T _____ S	Range R ____ ☐E ☐W

Owner: _____

Location was listed as:

    Sec. _____ **T** _____S **R** _____☐E ☐W

    Fraction: _____ _____ _____ _____

Location changed to:

    Sec. _____ **T** _____S **R** _____☐E ☐W

    Fraction: _____ _____ _____ _____

Other changes: Initial statements: _____
_____

Changed to: _____
_____

Comments: _____
_____

Verification method: _____
_____

_____ initials: _____ date: _____

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:

County: _Morris_ | Fraction: NW ¼ NW ¼ NW ¼ | Section Number: 28 | Township Number: T 16 S | Range Number: R 7 Ⓔ W

Distance and direction from nearest town or city street address of well if located within city?
1 mile North of Wilsey

2 WATER WELL OWNER: _WAYNE Hatch_
RR#, St. Address, Box #: _9617 SW Lois Road_
City, State, ZIP Code: _Andover Ks 67002_

Board of Agriculture, Division of Water Resources
Application Number:

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

N
X NW	NE
SW	SE
W — E, 1 Mile, S

4 DEPTH OF COMPLETED WELL...... _100_ ft. ELEVATION:
Depth(s) Groundwater Encountered 1. _85_ ft. 2. ___ ft. 3. ___ ft.
WELL'S STATIC WATER LEVEL ...... _45_ ft. below land surface measured on mo/day/yr _Oct 21 00_
Pump test data: Well water was .... ft. after .... hours pumping .... gpm
Est. Yield .... _6_ gpm: Well water was .... ft. after .... hours pumping .... gpm
Bore Hole Diameter... _8_ ...in. to .... _26_ ...ft., and ..... _6 7/8_ ...in. to .... _100_ ...ft.

WELL WATER TO BE USED AS:
(1) Domestic   3 Feedlot   5 Public water supply   6 Oil field water supply   8 Air conditioning   9 Dewatering   11 Injection well   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. _X_ ; 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 _X_ Clamped ......
(2 PVC)   4 ABS   6 Asbestos-Cement   9 Other (specify below)   Welded ....
    7 Fiberglass   Threaded ....

Blank casing diameter ...... _5_ ...in. to ...... _45_ ft., Dia .... in. to .... ft., Dia .... in. to .... ft.
Casing height above land surface...... _1.8_ ...in., weight .... lbs./ft. Wall thickness or gauge No. _SDR-26_

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 _45_ ft. to _100_ ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From _NONE_ ft. to ____ 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? _South_   How many feet? _70_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top Soil, Blk			
3	5	Shale Gray			
5	10	Shale Yel			
10	45	Lime & Shale Lite			
45	46	Shale Gray			
46	68	Lime & Flint			
68	73	Shale Blue			
73	85	Shale Red			
85	87	Lime Gray			
87	100	Shale Gray			

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) _Oct 21 00_ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _218_ This Water Well Record was completed on (mo/day/yr) _25 Oct 00_ under the business name of _Zinn Water Well Drlg_ by (signature) _Joseph O. Zinn_

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.

OFFICE USE ONLY   T   R   E/W   SEC.   ¼   ¼   ¼