

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

County: Chase

Location listed as:

Section-Township-Range: _____

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

Location changed to: _____

NE NE NE 7-21-8E

Other changes: Initial statements: _____

Changed to: _____

Comments: well not located at owner's address. at: From Matfield
Green: about 4 mi N, W side of Hwy 177.

verification method: driller, 9/4/2009

initials: RL date: 9/4/2009

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.

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Chase</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section Number <u>7</u>	Township Number T <u>21</u> S	Range Number R <u>8</u> <u>EW</u>
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Distance and direction from nearest town or city street address of well if located within city? **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: 38.24184
 Longitude: 96.56157
 Elevation: 1257
 Datum:
 Data Collection Method:

2 WATER WELL OWNER: Brett Quay
 RR#, St. Address, Box # : 3514 W 21st
 City, State, ZIP Code : Emporia, KS 66801

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

-- NW --	-- NE --	*	
-- SW --	-- SE --		

4 DEPTH OF COMPLETED WELL 100 ft.

Depth(s) Groundwater Encountered (1) 15 ft. (2) 25 ft. (3) ft.
 WELL'S STATIC WATER LEVEL 12 ft. below land surface measured on mo/day/yr. 6-25-09
 Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield 15 gpm: Well water was ft. after hours pumping gpm
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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 CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass	

CASING JOINTS: Glued Clamped Welded Threaded

Blank casing diameter 6 in. to 100 ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface 24 in., Weight lbs./ft. Wall thickness or gauge No. SPR26

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> PVC	9 ABS	11 Other (Specify) <u> </u>
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	5 Gauzed wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw cut	10 Other (specify) <u> </u>	

SCREEN-PERFORATED INTERVALS: From 15 ft. to 50 ft., From ft. to ft.
 From 90 ft. to 100 ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 12 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 Bentonite 4 Other

Grout Intervals: From 0 ft. to 12 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	13 Insecticide storage	16 Other (specify below) <u>CRACK</u>
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well	

Direction from well? NORTH How many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	12	Clay, brown			
12	26	Limestone, broken, H2O			
26	32	Shale, gray			
32	41	Limestone			
41	55	Shale, gray			
55	60	Limestone			
60	68	Shale, gray			
68	73	Limestone			
73	89	Shale, gray			
89	100	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) 6-25-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 8/31/09 under the business name of Associated Drilling Inc 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.