

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 10-7S-16E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NW NE SE

County: Harvey

Location changed to:

18-23S-1E

NW NE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: well address, city map on internet, and
Newton 1:24,000 topo. map.

initials: DR date: 8/19/2003

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				Section Number	Township Number			Range Number			
County: Harvey		NW	%	NE	%	SE	%	10	T	7	S	R	16
Distance and direction from nearest town or city street address of well if located within city? 701 W. Broadway, Newton, KS													
2 WATER WELL OWNER: KDHE Time and Materials-Willems Oil													
RR#, St Address, Box # : 1000 SW Jackson #410													
City, State, ZIP Code : Topeka, Ks 66612-1367													
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 27 ft. ELEVATION:											
		Depth(s) Groundwater Encountered 1 25 ft. 2 _____ Ft. 3 _____ Ft.											
		WELL'S STATIC WATER LEVEL 18.40 ft. below land surface measured on mo/day/yr 09/23/02											
		Pump test data: Well water was _____ FL after _____ hours pumping _____ Gpm											
		Est. Yield _____ Gpm: Well water was _____ FL after _____ Hours pumping _____ Gpm											
		Bore Hole Diameter 8.625 in. to 27 ft. and _____ in. to _____ Ft.											
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well MW-1											
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was Submitted _____ Water Well Disinfected? Yes _____ No X													
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 _____ Threaded X 7 Fiberglass													
Blank casing diameter 2 in. to 12 Ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ Ft.													
Casing height above land surface FLUSH in., weight SCH 40 Lbs./ft. Wall thickness or gauge No. _____													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 6 Wire wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) _____													
SCREEN-PERFORATED INTERVALS:													
From 12 ft. to 27 ft. From _____ ft. to _____ ft.													
From _____ ft. to _____ ft. From _____ ft. to _____ ft.													
SAND PACK INTERVALS:													
From 10 ft. to 27 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 8 ft. to 10 Ft. From 0 Ft. to 8 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) Contaminated Site 13 Insecticide storage													
Direction from well? _____ How many feet? _____													
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS							
0	1		Fill										
1	9.5		Silty Clay (CL)										
9.5	27		Clayey Silt (ML)										
27	TD		End of Borehole										
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w													
Completed on (mo/day/yr) 09/19/02 And this record is true to the best of my knowledge and belief. Kansas													
Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/yr) 10/19/02													
Under the business name of Associated Environmental, Inc. By (signature) Darin R Duncan													
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.													