

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 _____

changed to _____

Other changes: Initial statements: 1 1/4 mile East, (blank)

Changed to: 1 1/4 mile East, static water level 42.27 on 9/2/99

Comments: _____

verification method: See records 307870, 307871

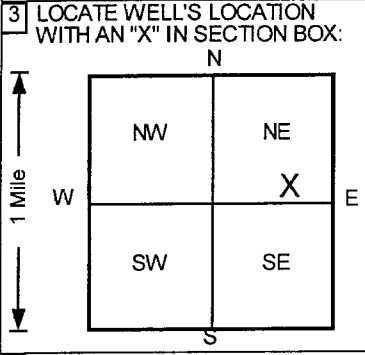
water level added per KDHE 4/17/2000 A6 initials: DM date: 10/21/99

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 Section Number Township Number Range Number
 County: **Washington** SW ¼ SE ¼ NE ¼ 9 T 2 S R 5 **EW**

Distance and direction from nearest town or city street address of well if located within city?
1/1 mile East of Hanover, Kansas

2 WATER WELL OWNER: **Bill's Service Center**
 RR#, St. Address, Box # : **2832 Hilltop Avenue** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Hanover, Kansas 66945** Application Number:



4 DEPTH OF COMPLETED WELL **50** ft. ELEVATION: **1295.06**
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr
 Pump test data: Well water was **NA** ft. after hours pumping gpm
 Est. Yield . . **NA** . . gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter **8** in. to **50** 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
2 PVC 4 ABS 7 Fiberglass Threaded. **✓**
 Blank casing diameter **2** in. to **35** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface **-5.88** in., weight **Sch 40** lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL **7** PVC 10 Asbestos-cement
 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot **3** Will slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **35** ft. to **50** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **31** ft. to **50** 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 **0** ft. to **21** ft., From **21** ft. to **31** ft., From ft. to ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy **11** Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)
 Direction from well? **South** How many feet? **10**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Cement,			
0.5	18	Clay, Dark Brown			
18	21	Clay, Pale Yellow			
21	33	Clay, Red Brown			
33	50	Clay, Gray Green			

MW14, Tag # 00289711, Flushmount
 Project Name: Bill's Service Center
 GeoCore # 406, KDHE # A5 101 40078

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) **9/1/99** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **9/14/99**
 under the business name of **GeoCore Services, Inc.** by (signature) *Dee Kahl*

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.