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

County: Clay

Location listed as:	**Location changed to:**
Section-Township-Range: 19-6-75-2E	19-6S-2E
Fraction (¼ ¼ ¼): SW SW SW	SW SW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: Assume well was constructed.

verification method: Written & legal description, position on plat map, and mapping tool on KGS website.

initials: DRL date: 6/1/2012

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.

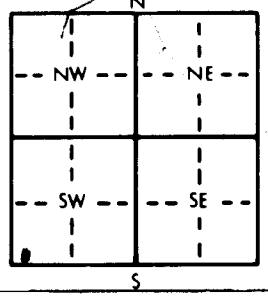
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Clay	SW ¼ SW ¼ SW ¼	19	T 6-7 S	R 2 E/W

Distance and direction from nearest town or city street address of well if located within city?
1 mile EAST - [redacted] 3¾ mi South of Clifton

2 WATER WELL OWNER: Kyle Bauer
RR#, St. Address, Box # : RR #1
City, State, ZIP Code Morganville KS
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 47 ft. ELEVATION:
Depth(s) Groundwater Encountered 1. 18 ft. 2. ft. 3. ft.
WELL'S STATIC WATER LEVEL 11 ft. below land surface measured on mo/day/yr
Pump test data: Well water was 28 ft. after 1 hours pumping 1000 gpm
Est. Yield 1100 gpm: Well water was ft. after hours pumping gpm
Bore Hole Diameter 30 in. to 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 X; If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
(2 PVC) 4 ABS 7 Fiberglass Threaded
Blank casing diameter 16 in. to 27 ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface 12" in., weight 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 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From 27 ft. to 47 ft., From ft. to ft.
From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From 20 ft. to 47 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 20 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? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	11	& CLAY DARK			
11	18	CLAY (Brown)			
18	23	sand			
23	47	gravel (green)			
47		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) 6-4-98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 5 This Water Well Record was completed on (mo/day/yr) 6-28-98
under the business name of Cox-Beswick Inc. by (signature) Janie Beswick

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