

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: _____

NE NE NE 4-8-3E

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

Other changes: Initial statements: _____

Changed to: _____

Comments: Well location: from East side of Clay Center: 1/2 mile East, 1 mile North

verification method: call to Miller, 9/4/2009

initials: DL date: 9/15/2009

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: Clay Fraction NE 1/4 NE 1/4 NE 1/4 Section Number 4 Township Number T 8 S Range Number R 3 E/W
 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: 39.39221
 Longitude: 97.09263
 Elevation: 1250
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: Keith Hoffman
 RR#, St. Address, Box # : 1211 13th St
 City, State, ZIP Code : Clay Center, KS. 67432

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

			X

4 DEPTH OF COMPLETED WELL 80 ft.
 Depth(s) Groundwater Encountered (1).....55..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL.....45..... ft. below land surface measured on mo/day/yr. 8/24/09
 Pump test data: Well water was..... ft. after..... hours pumping..... gpm
 Est. Yield: 40 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 X No.....

5 TYPE OF 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 6 in. to ft., Diameter. in. to ft., Diameter in. to ft.
 Casing height above land surface..... 24 in., Weight lbs./ft. Wall thickness or guage No. SAR26
TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 2 PVC 9 ABS 11 Other (Specify)
 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 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)
SCREEN-PERFORATED INTERVALS: From..... 50 ft. to 70 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From..... 25 ft. to 80 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 3 ft. to 25 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)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well
 Direction from well? How many feet? open field

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	55	CLAY, BROWN			
55	58	SHALE, WEATHERED, GRAVELLY			
58	63	SHALE, GRAY			
63	65	LIMASTONE			
65	67	LIMASTONE, BROKEN			
67	72	LIMASTONE			
72	80	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) 8/24/09 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 769..... 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>.