

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 SW SW SW, 26 - 8 - 95 - 6 - 7 E

changed to SW SW SW, 26 - 85 - 6 E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

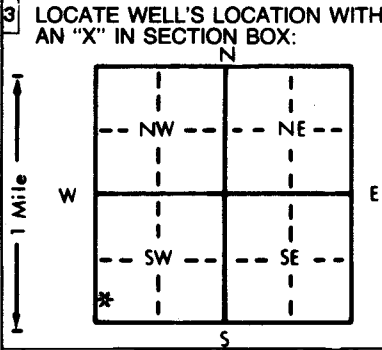
verification method: Written & legal descriptions, position on plat map,
and Riley & Olsburg SW 1:24,000 topo. maps. initials: DRJ date: 5/22/2001

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 SW 1/4 SW 1/4 SW 1/4 Section Number 26 Township Number T 8-9 S Range Number R 6-7

County: Riley
 Distance and direction from nearest town or city street address of well if located within city?
1/4 miles East of Riley, Ks & 1 1/2 miles Northeast to Conray Road & 3/4 miles North

2 WATER WELL OWNER: Herb Woodworth
 RR#, St. Address, Box #: 9727 Condray Road Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Manhattan, Kansas 66502 Application Number:



4 DEPTH OF COMPLETED WELL: 81 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 44 ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL ... 43 ft. below land surface measured on mo/day/yr 3 / 13 / 92
 Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield .. 5 gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter: ... 9 in. to ... 8 1/2 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 5 in. to 8 1/2 ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface: 15 in., weight 160 lbs./ft. Wall thickness or gauge No. 21 1/4
 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 42 ft. to 81 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From 31 ft. to 81 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 4 ft. to 31 ft., From ft. to ft., From ft. to ft.
 What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? NORTHWEST WILL BE How many feet? 160

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	LITE COLOR LIMESTONE	77	81	HARD GRAY & BLUE LIMESTONE
4	8	LITE COLOR CLAY			
8	13	RED CLAY			
13	14	LITE GRAY CLAY			
14	15	LITE COLOR LIMESTONE			
15	22	LITE COLOR SHALEY CLAY			
22	27	LITE COLOR LIMESTONE			
27	31	LITE COLOR SHALE			
31	37	GRAY SHALE			
37	47	LITE COLOR LIMESTONE			
47	49	HARD GRAY LIMESTONE			
49	54	GRAY SHALE			
54	67	GRAY HARD LIMESTONE			
67	70	HARD DARK FLINT ROCK			
70	77	GRAY 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) 3 / 13 / 92 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 397. This Water Well Record was completed on (mo/day/yr) 3 / 30 / 92 under the business name of CENTRAL KANSAS DRILLING by (signature) Arnold D. Martin

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.

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