

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: 4-95-4E

4-95-4E

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

NE NW NW NE

Other changes: Initial statements: Riley County

Changed to: Clay County

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool
and mapping tool on KGS website.

initials: DBL date: 4/8/2010

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: <u>Riley</u>	Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>4</u>	Township Number T <u>9</u> S	Range Number R <u>4</u> EW
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: <u>39.30656</u>		
		Longitude: <u>96.98756</u>		
		Elevation: <u>1235</u>		
		Datum: <u>WGS 84</u>		
		Data Collection Method: _____		

2 WATER WELL OWNER: Carlson Heating & Air (Bob Pearson Job)
 RR#, St. Address, Box # : 617 Bridge St
 City, State, ZIP Code : Clay Center, KS 67432

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

N			
	X		
--NW--	--NE--		
W			E
--SW--	--SE--		
S			

4 DEPTH OF COMPLETED WELL 245 ft.

Depth(s) Groundwater Encountered (1).....B2..... 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..... ft. after..... hours pumping..... gpm

Est. Yield 50..... 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

1 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 GEOTHERMAL

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 CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	8 Concrete tile	CASING JOINTS: Glued..... Clamped.....
2 PVC	4 ABS	7 Fiberglass	9 Other (specify below) <u>HDPH</u>	Welded <u>X</u>
Blank casing diameter <u>3/4</u> in. to <u>245</u> ft., Diameter..... in. to ft., Diameter in. to ft.				Threaded.....
Casing height above land surface..... <u>60</u> in., Weight lbs./ft. Wall thickness or gauge No. <u>SDR11</u>				

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	7 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	3 Mill slot	5 Gauged 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..... ft. to ft., From..... ft. to ft.

GRAVEL PACK INTERVALS: From..... ft. to ft., From..... ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From 5 ft. to 245 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	<u>16 Other (Specify below)</u>
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	<u>HOUSE</u>
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer Storage	15 Oil well/gas well	

Direction from well? SOUTH How many feet? 20

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	18	CLAY, BROWN	215	217	LEMPSTONE
18	22	SHALE, GRAY	217	245	Shale
22	24	LEMPSTONE			
24	82	Sandstone			
82	84	LEMPSTONE, BROWN			
84	148	SHALE, Alternating Colors			
148	153	LEMPSTONE			
153	188	SHALE			
188	192	LEMPSTONE			
192	215	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) 9/14/09 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 8-10 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>.