

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 C W2 SE, 18-12S-10W

changed to C W2 SE, 18-10S-12W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, and Luray & Vincent 1:24,000 topo maps. initials: DRD date: 5/2/2002

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: <u>Osborne</u>		<u>C 1/4 W 1/2 SE 1/4</u>	<u>18</u>	<u>T 12 S</u>	<u>R 10 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4 miles North of Lury 1/2 West 1/2 North</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>R.R. #1</u>		Application Number:			
City, State, ZIP Code : <u>Lury KS</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>42</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was ft. after hours pumping gpm			
		Est. Yield gpm: Well water was ft. after hours pumping gpm			
		Bore Hole Diameter <u>5</u> 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.....; If yes, mo/day/yr sample was submitted		Water Well Disinfected? Yes No			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued Clamped Welded Threaded			
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile			
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)			
Blank casing diameter in. to ft. Dia in. to ft. Dia in. to ft.		7 Fiberglass			
Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.		8 RMP (SR)			
TYPE OF SCREEN OR PERFORATION MATERIAL:		9 ABS			
1 Steel 3 Stainless steel 5 Fiberglass		10 Asbestos-cement			
2 Brass 4 Galvanized steel 6 Concrete tile		11 Other (specify)			
SCREEN OR PERFORATION OPENINGS ARE:		12 None used (open hole)			
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes					
SCREEN-PERFORATED INTERVALS: From ft. to ft. From ft. to ft. From ft. to ft.		10 Other (specify)			
GRAVEL PACK INTERVALS: From ft. to ft. From ft. to ft. From ft. to ft.					
6 GROUT MATERIAL:		4 Other			
1 Neat cement 2 Cement grout 3 Bentonite					
Grout Intervals: From ft. to 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?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>42</u>	<u>15</u>	<u>Chlorinated RE</u>
			<u>15</u>	<u>4</u>	<u>Clay & Dirt</u>
			<u>4</u>	<u>3 1/2</u>	<u>Medium bentonite chip</u>
			<u>3 1/2</u>	<u>0</u>	<u>dirt</u>
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) <u>5-12-88</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>606</u> This Water Well Record was completed on (mo/day/yr) <u>5-12-88</u>					
under the business name of <u>Yellow Jacks</u> by (signature) <u>Em T. [Signature]</u>					
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

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