

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Thomas

Location listed as:

Section-Township-Range: _____

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____Location ~~changed to~~:1-105-31 WSE SE SEOther changes: Initial statements: Logan CountyChanged to: Thomas County

Comments: _____

verification method: Legal description, county ownership map, position on plat map, and mapping tool & aerial photo on KGS website.initials: DRP date: 12/22/2008

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.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Logan		SE 1/4 SE 1/4 SE 1/4	1	T 10 S	R 31 EW
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Gary Ostmeyer					
RR#, St. Address, Box # : 612 Co Rd 37			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Oakley, Ks 67748			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 180 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ 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 _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 8" in. to 185 ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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:					
1 Steel		3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued X Clamped
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
Blank casing diameter 4.5 in. to 140 ft., Dia		7 Fiberglass	Threaded		
Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. .248					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut		
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 140 ft. to 180 ft.	From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS:		From 20 ft. to 180 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.			
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens	
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below)	
				None	
Direction from well?		How many feet?			
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	160	164
2	25		Loess	164	170
25	43		Clay & caliche w/sand lenses		
43	55		Fine sand w/clay & caliche	170	176
55	62		Caliche w/clay lenses		
62	73		Fine sand w/clay & caliche strks	176	185
73	83		Clay & caliche w/sand lenses		
83	106		Fine & med sand w/clay strks		
			& caliche lenses		
106	122		Fine & med sand w/clay & Caliche strks		
122	148		Fine to some med sand w/clay & caliche strks		
148	160		Clay & caliche w/sand strks		
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/yr) 10-28-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 783 This Water Well Record was completed on (mo/day/yr) 12-2-08 under the business name of Woofert Pump & Well Inc. by (signature) <i>[Signature]</i>					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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