

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 NW SE, 6-12S-2-3

changed to NW NW SW, 6-12S-2W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address on form, city map on internet, and

Bennington 1:24,000 topo. map.

initials: DRL date: 6/15/2001

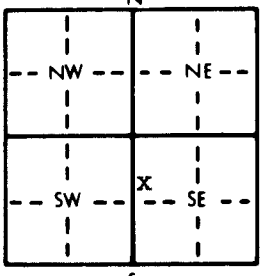
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1 LOCATION OF WATER WELL: County: OTTAWA Fraction SW 1/4 NW 1/4 SE 1/4 Section Number 6 Township Number T 12 S Range Number R 2-3 E/W

Distance and direction from nearest town or city street address of well if located within city?
605 N. STRUBLE

2 WATER WELL OWNER: LOUIS R. BRENNEMAN
 RR#, St. Address, Box #: 605 N. STRUBLE Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: BENNINGTON, KS. 67422 Application Number:

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

 4 DEPTH OF COMPLETED WELL: 39 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 27 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 27 ft. below land surface measured on 10-21-91 mo/day/yr
 Pump test data: Well water was 36 ft. after 2 hours pumping 11 gpm
 Est. Yield 11 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 9 in. to 39 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 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 _____
 7 Fiberglass Threaded _____
 Blank casing diameter 5 in. to 29 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight 160 lbs./ft. Wall thickness or gauge No. SDR 26
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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:
 1 Continuous slot 3 Mill slot .030 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 29 ft. to 39 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 39 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 0 ft. to 20 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 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage _____
 Direction from well? NORTH How many feet? 20

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	TOP SOIL			
3	27	CLAY RED			
27	34	CLAY TAN w/SAND LAYERS			
34	39	FINE SAND w/SANDSTONE LAYERS			
39		SHELL			

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) 1-22-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388. This Water Well Record was completed on (mo/day/yr) 1-22-91 under the business name of PESTINGER PUMP SERVICE 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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. 1/4 1/4 1/4