

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 NE NE SE, 13-135-1E

changed to NE NE SE, 13-135-1W

Other changes: Initial statements: Dickinson County

Changed to: Saline County

Comments: _____

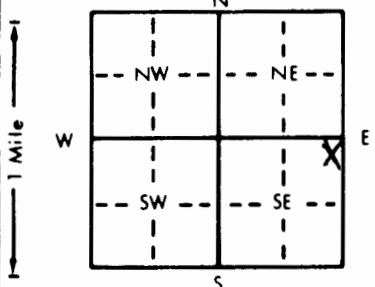
verification method: Well address on form, legal description, position on plat map, city map on internet, and Salomon 1:24,000 topo. map. initials: WR date: 2/28/2001

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 Section Number Township Number Range Number
 County: Dickinson NE 1/4 NE 1/4 SE 1/4 13 T 13 S R 1 **E**

Distance and direction from nearest town or city street address of well if located within city?
110 S Poplar, Solomon, Ks.

2 WATER WELL OWNER: Solomon Agri Services
 RR#, St. Address, Box #: P.O. Box 1725 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Salina, Kansas 67402 Application Number:

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

 4 DEPTH OF COMPLETED WELL: 38 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 25 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: 7.5/8 in. to 40 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 No **X**

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded
 Blank casing diameter 2 in. to 18 ft., Dia. in. to ft., Dia. in. to Sch. 40 ft.
 Casing height above land surface 24 in., weight lbs./ft. Wall thickness or gauge No.
 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:
 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
 7 Torch cut 10 Other (specify)
 SCREEN-PERFORATED INTERVALS: From 38 ft. to 18 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From 38 ft. to 16 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 16 ft. to 13 (bent) ft., From 13 ft. to 0 (cement) 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 **Commercial grain handling facility**
 Direction from well? **At facility** How many feet? **handling facility**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Clay - black			
1	3	Sand - fine, yellow			MW 2
3	4	Sand - silty, black			
4	12	Clay - silty, sandy, fine, dk. brown			
12	19	Silt - sandy, lt. brown			
19	26	Sand - fine, silty, lt. brown			
26	40	Sand - fine to coarse, yellowish			

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) 7-11-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/yr) 7-16-91 under the business name of GeoCore Services, Inc. by (signature) Don Robb

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 EW SEC. 1/4 1/4 1/4