

CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: Ellis

Location listed as:

Section-Township-Range: 7-11S-27W

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

Location changed to:

8-13S-20W

SE SE NW

Other changes: Initial statements: _____

Changed to: MW 32 is located on Ross St, 135 feet East of Fautoux St. Ellis, KS

Comments: _____

verification method: call to driller, WWC5 water well mapping program.

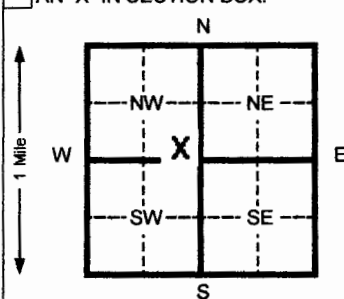
initials: dt date: 4/4/2008

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 **SE ¼ SE ¼ NW ¼** Section Number **7** Township Number **T 11 S** Range Number **R 27 E/W**
 County: **Ellis**

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

2 WATER WELL OWNER: **Les Weber**
 RR#, St. Address, Box # : **Weber's Service & Repair, Inc.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **715 West 10th ST, Ellis: Ks 67637** Application Number: **MW 32**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL **29** ft. ELEVATION: **2122.37**
 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 **29** 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 **MW-32**
 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass Threaded **X**
 Blank casing diameter **2** in. to **7** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface **0** in., weight **.716** lbs./ft. Wall thickness or gauge No. **.154**
 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: 5 Gauzed wrapped **8** Saw cut 11 None (open hole)
 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 **7** ft. to **29** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **5** ft. to **29** 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 **2** ft. From **2** ft. to **5** 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)
Contaminated site
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Grassed roots			
2	8		Brown silts & clayey silts			
8	17		Grey silty clay/ clayey silt, very Soft, no HC odor & moist			
17	29		Fine to medium sd strks w/ Small flint rocks -semi wet sds			

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) **3-10-08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **3-21-08** under the business name of **Woofter Pump & Well Inc.** by (signature) *Jerry Cabotter*

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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