

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 SE SE, 25-14S-2

changed to SE NW SW, 30-14S-2W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: well address, city map, and

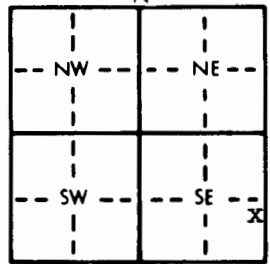
Salina 1:24,000 topo map. initials: DRJ date: 5/29/2002

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 NE 1/4 SE 1/4 SE 1/4 Section Number 25 Township Number T 14 S Range Number R 2 EW
 County: SALINE

Distance and direction from nearest town or city street address of well if located within city?
 2217 SHERWOOD

2 WATER WELL OWNER: DAVID HELVEY
 RR#, St. Address, Box # : 2217 SHERWOOD Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : SALINA, KS. 67401 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL... 49 ft. ELEVATION: ... 1240 ft.
 Depth(s) Groundwater Encountered 1. ... 21 ft. 2. ... ft. 3. ... ft.
 WELL'S STATIC WATER LEVEL ... 21 ft. below land surface measured on mo/day/yr ... 7-20-91
 Pump test data: Well water was ... 22 ft. after ... 1 hours pumping ... 25 gpm
 Est. Yield ... 75+ gpm: Well water was ... ft. after ... hours pumping ... gpm
 Bore Hole Diameter ... 9 in. to ... 49 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: 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
 Blank casing diameter ... 5 in. to ... 39 ft., Dia ... in. to ... ft., Dia ... in. to ... ft.
 Casing height above land surface ... 15 in., weight ... 160 lbs./ft. Wall thickness or gauge No. SDR 26
 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 .030 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
 SCREEN-PERFORATED INTERVALS: From ... 39 ft. to ... 49 ft., From ... ft. to ... ft.
 GRAVEL PACK INTERVALS: From ... 20 ft. to ... 49 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 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? 10

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	TOP SOIL			
2	18	SANDY LOAM			
18	36	MED. SAND & GRAVEL			
36	37	CLAY			
37	40	MED. GRAVEL			
40	41	CLAY GRAY			
41	49	MED. SAND & GRAVEL			

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) ... 7-20-91 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) ... 7-20-91 under the business name of PESTINGER PUMP SERVICE by (signature) *Paul Pestinger*

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

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EW

SEC

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