

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

(to rectify lacking or incorrect information)

County: Saline

Location listed as:

Location ~~changed to~~:

Section-Township-Range: \_\_\_\_\_

14-14S-3W

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  ): \_\_\_\_\_

SE SW SE

Other changes: Initial statements: 680 S. Phillips

Changed to: 680 S. Phillips, Salina, KS

Comments: \_\_\_\_\_

verification method: written & legal descriptions, and  
Salina 1:24,000 topo. map.

initials: ARL date: 10/19/2004

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: <u>Saline</u>		<u>SE 1/4 SW 1/4 SE 1/4</u>	<u>14</u>	T <u>14</u> S	R <u>3</u> E <u>W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>680 S. Phillips</u>					
2 WATER WELL OWNER:		<u>mw-4</u>			
RR#, St. Address, Box # :		<u>Sinclair Oil Corporation</u>			
City, State, ZIP Code :		<u>3401 Fairbanks Ave</u> <u>Kansas City, KS 66106</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>40</u> ft. ELEVATION: <u>1229.79</u>			
<div style="text-align: center;">N - - NW - - NE - - - - - - - W - - - - - E - - SW - - SE - - S X</div>		Depth(s) Groundwater Encountered 1 <u>38.46</u> ft. 2 <u>40</u> ft. 3 <u>2110/04</u> ft.			
		WELL'S STATIC WATER LEVEL <u>38.46</u> ft. below land surface measured on mo/day/yr <u>2110/04</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
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 Domestic (lawn & garden) 10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; 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 <u>2</u> in. to <u>25</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface _____ 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:		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) _____ ft.			
SCREEN-PERFORATED INTERVALS: From <u>25</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>22</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____			
Grout Intervals: From <u>2</u> ft. to <u>22</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well		2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage		Direction from well? <u>NW</u> How many feet? <u>50-70</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0.8</u>	<u>33</u>	<u>Silty Clay</u>			
<u>33</u>	<u>38</u>	<u>Clayey Silt</u>			
<u>38</u>	<u>40</u>	<u>Clayey Silty Sand</u>			
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) <u>2/15/04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>614</u> This Water Well Record was completed on (mo/day/yr) <u>3/14/04</u> under the business name of <u>MAXIM</u> by (signature) <u>William Steffen</u>					
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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					