

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: _____

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

County: Wichita

Location ~~changed to~~:

13-16 S-36 W

SE SE SE

Other changes: Initial statements: Scott County

Changed to: Wichita County

Comments: _____

verification method: Phone call to well contractor, legal description,
and mapping tool on KGS website.

initials: DRL date: 5/20/2008

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 | Section Number | Township Number | Range Number |
| County: Scott | | SE $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$ | 13 | T 16 S | R 36 EW |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | |
| 2 WATER WELL OWNER: Brent Edwards | | | | | |
| RR#, St. Address, Box #: 409 E 5th | | | Board of Agriculture, Division of Water Resources | | |
| City, State, ZIP Code: Scott City, Ks 67871 | | | Application Number: | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 165 ft. ELEVATION: | | | |
| | | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. | | | |
| | | WELL'S STATIC WATER LEVEL na 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 165 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 | | | | | |
| 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 _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. | | | | | |
| Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. .248 | | | | | |
| 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 | 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 125 ft. to 165 ft. From _____ ft. to _____ ft. | | | | | |
| GRAVEL PACK INTERVALS: From 20 ft. to 165 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) none |
| | | | | 13 Insecticide storage | |
| Direction from well? | | How many feet? | | | |
| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO |
| 0 | 2 | | Surface | 107 | 112 |
| 2 | 15 | | Loess | 112 | 122 |
| 15 | 40 | | Caliche & clay | 122 | 127 |
| 40 | 46 | | Sandstone w/caliche & clay | 127 | 137 |
| 46 | 55 | | Clay & caliche | 137 | 155 |
| 55 | 70 | | Clay & caliche w/sandstone | 155 | 160 |
| | | | Strk | 160 | 165 |
| 70 | 76 | | Caliche & cemented sand | | |
| 76 | 79 | | Clay & sandstone | | |
| 79 | 84 | | Caliche & cemented sand | | |
| 84 | 87 | | Sandstone (hard) | | |
| 87 | 95 | | Caliche & clay | | |
| 95 | 100 | | Clay & sandstone | | |
| 100 | 107 | | Sandstone w/clay & caliche | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 4-14-08 and this record is true to the best of my knowledge and belief. Kansas | | | | | |
| Water Well Contractor's License No. 559 | | | This Water Well Record was completed on (mo/day/yr) 4-18-08 | | |
| under the business name of Woofter Pump & Well Inc. | | | by (signature) <i>[Signature]</i> | | |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW 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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