

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

Location listed as:

Section-Township-Range: 7-18 S-35 W

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

County: Wichita

Location changed to:

18-18 S-35 W

SE NE SE

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

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

verification method: Written description, locations of other monitoring wells for same project, and mapping tool & aerial photos on KGS website. initials: DRK date: 9/25/2008

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: <b>Wichita</b>		<b>SE ¼ NE ¼ SE ¼</b>	<b>7</b>	<b>T 18 S</b>	<b>R 35 E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>Scott Coop, Marienthal, Kansas</b>					
2 WATER WELL OWNER: <b>Scott Coop Association</b> P.O. Box 350 RR#, St. Address, Box # : <b>Scott City, Kansas 67871</b> City, State, ZIP Code : <b>Board of Agriculture, Division of Water Resources</b> Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL ..... <b>142</b> ..... ft. ELEVATION: ..... <b>3218.87</b> .....			
		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 ..... <b>NA</b> ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield .. <b>NA</b> .. gpm: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Bore Hole Diameter ..... <b>2</b> ..... in. to ..... <b>145</b> ..... 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 <b>12 Other (Specify below)</b>			
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well ..... <b>Air Sparge</b> .....			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<b>2 PVC</b>		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter ..... <b>2</b> ..... in. to ..... <b>140</b> ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.				8 Concrete tile	
Casing height above land surface ..... <b>-2.16</b> ..... in., weight ..... lbs./ft. Wall thickness or gauge No. .... <b>Sch. 40</b> .....				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL				CASING JOINTS: Glued ..... Clamped .....	
1 Steel		3 Stainless steel		7 PVC	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		10 Asbestos-cement	
1 Continuous slot		6 Wire wrapped		11 Other (specify) .....	
<b>3 Mill slot</b>		7 Torch cut		12 None used (open hole)	
2 Louvered shutter		8 Saw cut			
4 Key punched		9 Drilled holes			
		10 Other (specify) .....			
SCREEN-PERFORATED INTERVALS: From ..... <b>140</b> ..... ft. to ..... <b>142</b> ..... ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... <b>139.5</b> ..... ft. to ..... <b>145</b> ..... ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement <b>2 Cement grout</b> <b>3 Bentonite</b> 4 Other .....					
Grout Intervals: From ..... <b>3</b> ..... ft. to ..... <b>136.5</b> ..... ft., From ..... <b>136.5</b> ..... ft. to ..... <b>139.5</b> ..... ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				<b>16 Other (specify below)</b>	
				..... <b>Former UST Basin</b> .....	
Direction from well? <b>northeast</b>				How many feet? <b>30</b>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Asphalt,			
0.5	33	Clay, Brown			
33	35	Sand, Brown			
35	38	Clay, Light Brown			
38	65	Sand, Brown			
65	72	Caliche, Off White			
72	75	Clay, Light Brown			
75	83	Clay, Light Brown			
83	98	Clay, Light Brown			
98	104	Sand, Brown			
104	113	Sand, Brown			
113	127	Sand, Brown			
127	145	Sand, Brown			
					AS7, Tag # 00295600, Flushmount
					Project Name: Greenfield - Scott Cooperative Association
					GeoCore # 831, KDHE # U1 102 0802
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <b>3/15/00</b> ..... and this record is true to the best of my knowledge and belief.					
Kansas Water Well Contractor's License No. .... <b>527</b> ..... This Water Well Record was completed on (mo/day/yr) ..... <b>4/21/00</b> .....					
under the business name of <b>GeoCore Services, Inc.</b> by (signature) <i>Sal Hobbs</i>					
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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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