

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

(to rectify lacking or incorrect information)

County: Barton

Location listed as:

Section-Township-Range: 32-T19S-R13W

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

Location changed to:

33-T19S-R13W

NW NW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: Location corrected based on KGS Open-file Rept. 2007-48,
where the construction of this well is discussed.

verification method: _____

initials: DAN date: Sept. 19, 2007

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: Barton	NE ¼ NW ¼ SE ¼	32	T 19 S	R 13 E/W

300' east of Hiway 281 bridge north side of Arkansas River

Board of Agriculture, Division of Water Resources

Application Number:

Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 3.5 in to 28 ft and _____ in to _____ ft

1 Domestic	3 Feedlot	5 Public water supply	7 Air conditioning	9 Injection well
2 Other (Specify below)	4 Oil field water supply	6 Oil field water supply	8 Dewatering	10 Other (Specify below)

1 Domestic 3 Feedlot 5 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, mg/day/yr sample was analyzed _____

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted

Well Disinfected? Yes No

CASING JOINTS: Glued Clamped

Welded

Threaded. . . **Xoring**

Casing height above land surface 24" in. weight _____ lbs./ft. Wall thickness or gauge No. sch. 40

10 Asbestos-cement

11 Other (specify)

12 None used (open hole)

8. Saw cut 11. None (open hole)

9 Drilled holes

10. Other (specify) _____

SCREEN-PERFORATED INTERVALS. From ft. to ft., From ft. to ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

4. Other

What is the nearest source of possible contamination: 10. Livestock pens 14. Abandoned water well

14 Abandoned water well

16 Other (specify below)

10 Other (Specify below) _____

How many feet?

FROM	TO	ETHIOLOGIC LOG
		lith based on EC profiles

11	28	Wet sand
28	45	clay int

[illegible]

[illegible]

Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 8/30/01

by (signature)

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.