

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 NW, SW, SW, 24-10 S-12W

changed to NW, SW, SW, 24-20 S-12W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Position on plat map, written description on form,
\$ Ellinwood 1:24,000 topo map initials: ARd date: 2/5/99

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		Section Number		Township Number		Range Number	
County: Barton		NW 1/4 SW 1/4 SW 1/4		24		T 10 S		R 12W E/W	
Distance and direction from nearest town or city street address of well if located within city?									
1S, 1/2W, 2S of Ellinwood, Ks.									
2 WATER WELL OWNER: Howard Wallace									
RR#, St. Address, Box # : 480 SE 90 Ave.									
City, State, ZIP Code : Ellinwood, Ks. 67526									
Board of Agriculture, Division of Water Resources									
Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 80 ft. ELEVATION: unknown							
		Depth(s) Groundwater Encountered 1. 14 ft. 2. ft. 3. ft.							
		WELL'S STATIC WATER LEVEL 14 ft. below land surface measured on mo/day/yr 9-10-98							
		Pump test data: Well water was ft. after hours pumping gpm							
		Est. Yield 20 gpm: Well water was ft. after hours pumping gpm							
		Bore Hole Diameter 8 in. to 80 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:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded									
7 Fiberglass Threaded									
Blank casing diameter 5 in. to 60 ft. Dia in. to ft. Dia in. to ft.									
Casing height above land surface 12 in. weight 2.8 lbs./ft. Wall thickness or gauge No. Sch. 40									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)									
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 60 ft. to 80 ft. From ft. to ft.									
From ft. to ft. From ft. to ft.									
GRAVEL PACK INTERVALS: From 24 ft. to 80 ft. From ft. to ft.									
From ft. to ft. From ft. to ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout Intervals: From 0 ft. to 24 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)									
13 Insecticide storage no source - field									
Direction from well? How many feet?									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 3 top soil									
3 16 clay									
16 19 sand and gravel									
19 55 clay									
55 80 sand and 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) 9-10-98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/yr) 9-11-98 under the business name of Kelly's Water Well Service, Inc. by (signature) Kathum L. Good									
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.									