

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

(to rectify lacking or incorrect information)

County: Scott

Location listed as:

Section-Township-Range: 36-205-3W

Fraction ( 1/4 1/4 1/4): SW SW NE

Location changed to:

36-205-33W

SW SW NE

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

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

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

verification method: Well owner's address, legal description, other monitoring wells in vicinity, aerial photo on KGS website, and Shallow Water 1:24,000 topo. map initials: DR date: 6/28/2005

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: County: <b>Scott</b>		Fraction <b>SW 1/4 SW 1/4 NE 1/4</b>	Section Number <b>36</b>	Township Number <b>T 20 S</b>	Range Number <b>R 3 E</b>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <b>Chevron Chemical Co.</b>					
RR#, St. Address, Box #			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <b>Friends, Ks Scott City Ks</b>			MW # <b>6</b> Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>143</b> ft. ELEVATION:			
		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 _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>8</b> in. to <b>146</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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <input checked="" type="checkbox"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> 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	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <b>4</b> in. to <b>116</b> ft., Dia		in. to _____ ft., Dia		CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface <b>0</b> in., weight <b>2.071</b> lbs./ft.		Wall thickness or gauge No. <b>.237</b>		Welded _____ Threaded <input checked="" type="checkbox"/>	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				<input checked="" type="checkbox"/> 8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <b>116</b> ft. to <b>146</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>112</b> ft. to <b>146</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals From <b>0</b> ft. to <b>110</b> ft. From <b>110</b> ft. to <b>112</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	
				16 Other (specify below)	
				<b>CONTAMINATED SITE</b>	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		surface	136	146
2	12		Loess		
12	42		clay		
42	49		fine sand w/clay strk		
49	77		Clay & caliche		
77	82		Caliche		
82	97		clay & caliche		
97	102		Caliche		
102	109		Clay & caliche		
109	116		Caliche & sandy clay		
116	125		Caliche & sandy clay w/		
			Sandstone strks		
125	136		Sandy clay w/small med sand		
			Strks & caliche		
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/yr) <b>9-21-04</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>10-15-04</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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