

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 SE NE 32-21s-16w

changed to _____

Other changes: Initial statements: Reynolds Short Stop (owner)

Changed to: Michael Hickel

Comments: _____

verification method: KDHE

_____ initials: _____ date: _____

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: <u>Pawnee</u>		<u>NW ¼ SE ¼ NE ¼</u>	<u>32</u>	<u>T 21 S</u>	<u>R 16 E(N)</u>
Distance and direction from nearest town or city street address of well if located within city?					
2) WATER WELL OWNER:		<u>Reynolds Street Shop 1006 Broadway, Larned, KS 67550</u>			
RR#, St. Address, Box # :		<u>MW 12 Board of Agriculture, Division of Water Resources</u>			
City, State, ZIP Code :		<u>Larned, KS 67550</u> Application Number: _____			
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>35</u> ft. ELEVATION: <u>2000.56</u>			
		Depth(s) Groundwater Encountered 1. <u>1980.22</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>1980.22</u> 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 <u>6.75</u> in. to <u>35</u> 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 <u>(10) Monitoring well</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <u>(No)</u>			
5) TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<u>(2) PVC</u>		4 ABS		6 Asbestos-Cement	
				9 Other (specify below)	
				7 Fiberglass	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____			
CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded <u>X</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		<u>(2) PVC</u>	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<u>(3) Mill slot</u>		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:					
From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:					
From <u>35</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
From <u>35</u> ft. to <u>13</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6) GROUT MATERIAL:					
1 Neat cement		2 Cement grout		<u>(3) Bentonite</u>	
Grout Intervals: From <u>2</u> ft. to <u>13</u> 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				<u>(11) Fuel storage</u>	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) _____	
Direction from well? <u>northwest</u>		How many feet? <u>35</u>			
FROM	TO	LITHOLOGICAL LOG	FROM	TO	PLUGGING INTERVALS
0	10	Brown silty clay			
10	35	Brown sandy clay			
7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>1-26-79</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>634</u> This Water Well Record was completed on (mo/day/yr) <u>1-26-79</u> under the business name of <u>Shirley Enns Testing LLC</u> by (signature) <u>[Signature]</u>					
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.					