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

(to rectify lacking or incorrect information)

County: McPherson

Location listed as:

Section-Township-Range:

Fraction (1/4 1/4 1/4):

Other changes: Initial statements: Location of Well is:

SE of Co Rd 1074 and 12th Ave

Changed to:

Comments:

verification method: Mogle Earth Base Map: KGS LEO mapping

Mayaan

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, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

WATE	R WE	LL RECORD	Form W	WC-5	D	ivision of Wate	r Resources App. No	39948	
		OF WATER WELL:	Fraction			on Number	Township No.	Range Number	
			SW 1/4 NW 1/4 NE			18	T 21 S	R3 □E ØW	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here								(in decimal degrees) (in decimal degrees)	
2 WATER WELL OWNER: Froese Farms Inc- c/o Don Froese					Datur	Datum: ☐ WGS 84, ☐ NAD 83, ☑ NAD 27 Collection Method:			
RR#, Street Address, Box #: P.O. Box 128						GPS unit (Make/Model:)			
City	, State, Z	ZIP Code : Inman, I			☐ Digital Map/Photo, ✓ Topographic Map, ☐ Land Survey				
Est. Accuracy: S m, S 3-5 m, 5-15 m, S 4 DEPTH OF COMPLETED WELL 202 ft.								5-15 m, ∐>15 m	
WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL 202 ft. ft. Depth(s) Groundwater Encountered (1), ft. (2), ft. (3).								3) #	
WELL'S STATIC WATER LEVEL 33ft. below land surface measured on mo/day/yr. 8-19-10								ay/yr8-19-10	
Pump test data: Well water wasft. after hours pumping									
EST. YIELDgpm. Well water wasft. after hours pumping									
W Bore Hole Diameter 30in. to .202ft., andin. toft. WELL WATER TO BE USED AS: Public water supply Geothermal Injection well									
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well									
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No									
S If yes, mo/day/yr sample was submitted									
water wen disinfected: 🛂 1es 🗌 No									
5 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other									
Casing diameter .16. in, to .162 ft. Diameter in to ft. Diameter in to ft.									
Casing height above land surface in., Weight SCH 40lbs./ft Wall thickness or gauge No500									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)									
SCREEN OR PERFORATION OPENINGS ARE:									
☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)									
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☑ Saw cut ☐ Other (specify)									
From									
GRAVEL PACK INTERVALS: From									
From									
6 GROUT MATERIAL: Neat cement Cement grout Dentonite Other									
Grout In		From .4.V It. to	ft., From	n	. ft. to	ft.,	From	. ft. toft.	
What is the nearest source of possible contamination: Septic tank									
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well								,	
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well ☐ Plugged irrig. w							ied irrig. well		
FROM	TO	y				ellWest		OCDIC DIMPONIA	
0	3	LITHOLOG Top soil	IC LUG	FROM	TO 160		JG (cont.) or PLU	GGING INTERVALS	
3	17	Brown clay		155 160	167	Gray clay Tan clat, si	ltv		
17	35	Light tan clay		167	201		ie sand w/pieces	of	
35	70	Small to fine sand				green shale		<u> </u>	
70	75	Tan clay		201	202	Red shale			
75	83	Tan clay, sm. sand mix							
83	115	Small to fine sand, clean							
115	150	Tan cly, layers of sm. sand and pieces of green shale					***************************************		
150	155	Tan clay							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged									
under my jurisdiction and was completed on (mo/day/year) .8-19-10 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/year) 8-27-10									
under the business name of Rosencrantz-Bemis Ent. by (signature) Areas Dadsax									
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.									
Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at									
http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212 Check: White Copy Rule Copy									
KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy									