

CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: Rice

Location listed as:

Location ~~changed to~~:

Section-Township-Range: _____

21-215-8W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

SW SW NE

Other changes: Initial statements: Lyons County

Changed to: Rice County

Comments: _____

verification method: written & legal descriptions, city street map,
and mapping tool on KGS website

initials: DRB date: 7/13/2010

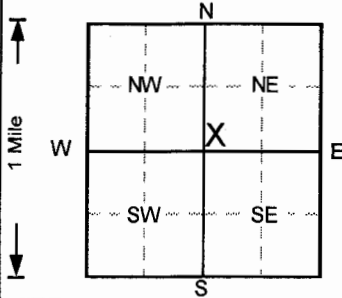
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1 LOCATION OF WATER WELL: County: Lyons	Fraction SW ¼ SW ¼ NE ¼	Section Number 21	Township Number T 21 S	Range Number R 8 E/W
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Distance and direction from nearest town or city street address of well if located within city?
102 N. Broadway, Sterling

2 WATER WELL OWNER: RR#, St. Address, Box # City, State, ZIP Code	B.P. Products of N.A., Inc. c/o Delta Environmental 2240 Bluestone Drive St. Charles, MO 63303-5978	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **12.5** 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 **NA** . . . ft. after hours pumping gpm
 Est. Yield **NA** . . . gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter . . . **8** . . . in. to . . . **12.5** . . . 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 **Air sparge**
 Was a chemical/bacteriological sample submitted to Department? Yes. No
 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	
Blank casing diameter 2 in. to 11.5 ft. Dia in. to ft. Dia in. to ft.		7 Fiberglass		Threaded. <input checked="" type="checkbox"/>	

Casing height above land surface in., weight 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)
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	(3) Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From **11.5** ft. to **12.5** ft. From ft. to ft.

GRAVEL PACK INTERVALS: From **9.5** ft. to **12.5** ft. From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other

Grout Intervals: From **1.5** ft. to **9.5** 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 (11) Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.5	1	Gravel,			
1	2.5	Sand, vf-m, silty, clayey, Brown			
2.5	6.5	Sand, vf-c w/f gravel, Brown			
6.5	12.5	Sand, vf-c, silty, Brown to Gray			
					AS-6, Flushmount

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) **4/12/2010** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **5/12/2010**
 under the business name of **GeoCore, Inc.** by (signature) *Dale Self*

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.

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