

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

Location listed as:

Section-Township-Range: _____

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

County: Rice

Location changed to:

21-215-8W

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: ARL date: 7/13/2010

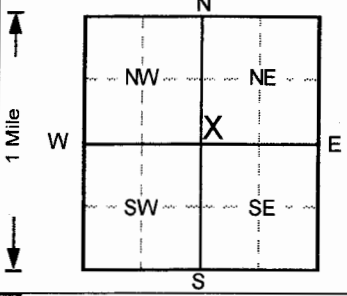
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

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: **B.P. Products of N.A., Inc.**
 RR#, St. Address, Box #: **c/o Delta Environmental 2240 Bluestone Drive**
 City, State, ZIP Code: **St. Charles, MO 63303-5978**
 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: **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) **Air sparge**
 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)
 2 PVC 4 ABS
 5 Wrought iron 6 Asbestos-Cement
 7 Fiberglass 8 Concrete tile
 9 Other (specify below)
 Blank casing diameter: **2** in. to **11.5** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 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:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 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** 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 10 Livestock pens 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	Clay, silty, Brown			
2.5	7	Sand, vf-c, Brown			
7	12.5	Sand, f-c, v. silty, Gray			
					AS11, 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) **4/13/2010** 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) **Paul Kelly**

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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