

County: Harvey Fraction NE SW NE Sec. 18 T 22 S R 2 E (W)

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

(to rectify lacking or incorrect information)

Owner: Albert Ediger

Location was listed as:

Section-Township-Range: 18-22S-3W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NE SW NE

Location changed to:

18-22S-2W

NE SW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Written & legal descriptions, position on plat map,
Harvey County online parcel search, and mapping tool &
aerial photos on KGS website. initials: ARJ date: 4/23/2015

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: <u>Harvey</u>		Fraction <u>NE 1/4 SW 1/4 NE 1/4</u>	Section Number <u>18</u>	Township Number <u>T 22 S</u>	Range Number <u>R 3 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1034 E of Bukler 1/4 So in field</u>					
2 WATER WELL OWNER: <u>Albert Ediger</u>					
RR#, St. Address, Box # : <u>701 E Center</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Inman KS 67546</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>87</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered <u>1</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>41</u> ft. below land surface measured on mo/day/yr <u>5-29-98</u>			
		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>30</u> in. to <u>87</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		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			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was sub-			
		mitted			
		Water Well Disinfected? Yes _____ No <u>X</u>			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____					
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
7 Fiberglass Threaded _____					
Blank casing diameter <u>16</u> in. to <u>47</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>12</u> in., weight <u>Sec 40</u> lbs./ft. Wall thickness or gauge No. _____					
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) _____					
9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes					
7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>47</u> ft. to <u>87</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>87</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From <u>0</u> ft. to <u>20</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 10 Livestock pens 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) <u>NA</u>					
13 Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
<u>0</u> <u>3</u> <u>TS</u>					
<u>3</u> <u>33</u> <u>Brown Clay</u>					
<u>33</u> <u>45</u> <u>Eq uis Sanel</u>					
<u>45</u> <u>87</u> <u>Eq uis Sanel w/clay</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was					
completed on (mo/day/year) <u>5-30-98</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>537</u> This Water Well Record was completed on (mo/day/yr) <u>6-28-98</u>					
under the business name of <u>Flowers Drilling & Pump Service</u> by (signature) <u>Mike Flowers</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.					