

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

County: RENO

Location listed as:

Section-Township-Range: 18-235-1W

Fraction (1/4 1/4 1/4): NW NW SE

Location changed to:

18-235-5W

NW NW NW SE

Other changes: Initial statements: 928 E, AVE, HUTCHINSON, KS

Changed to: 928 East Ave. A, Hutchinson, KS

Comments: _____

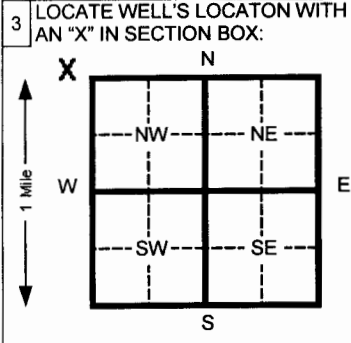
verification method: Latitude & longitude given on plugging records for wells in this series, KGS' "LEO" conversion tool, well owner's address, city street map, and mapping tool on KGS website. initials: DRS date: 11/25/2009

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: Fraction **NW NW 1/4 SE 1/4** Section Number **18** Township Number **T 23 S** Range Number **R 1 W**
 County: **RENO**

Distance and direction from nearest town or city street address of well if located within city?
928 E, AVE, HUTCHINSON, KS

2 WATER WELL OWNER: **C&F AUTO REPAIR**
 RR#, St. Address, Box #: **928 EAST AVE A** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **HUTCHINSON, KS 67501** Application Number:



4 DEPTH OF COMPLETED WELL **20** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **15** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **11.83** ft. below land surface measured on mo/day/yr **08/02/00**
 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 **8.625** in. to **20** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **10** Monitoring well **MW-7**
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC **X** 4 ABS 7 Fiberglass Threaded **X**
 Blank casing diameter **2** in. to ~~10~~ ⁶ Ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface **Flush** in., weight **Sch 40** Lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC X 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot X 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **20** ft. to ~~40~~ ⁶ ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 SAND PACK INTERVALS: From **20** ft. to ~~40~~ ⁵ ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **X** 3 Bentonite **X** 4 Other _____
 Grout Intervals From 3 ~~8.5~~ ^{7.3} ft. to ~~7.3~~ ⁰ ft. From 2 ~~4.3~~ ⁰ 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 **16** Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage **Contaminated Site**

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		SOIL			
1	3		SILTY CLAY			
3	8		SILT W/SOME CLAY & SAND			
8	20		SILTY SAND			
20	TD		END OF BOREHOLE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) **7/31/00** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **8/08/00** under the business name of **Associated Environmental, Inc.** by (signature) **A. Duncan for D. Duncan**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.