

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

(to rectify lacking or incorrect information)

County: Reno

Location listed as:

Section-Township-Range: 18-235-1WFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NW NW SE

Location changed to:

18-235-5WNW NW NW SEOther changes: Initial statements: 928 E, AVE, HUTCHINSON, KSChanged 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		Section Number		Township Number		Range Number	
County: RENO		NW NW ¼ SE ¼		18		T 23 S		R 1 W	
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:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 20 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 15 ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL 12.07 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-6							
		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:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
2 PVC X 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded X									
Blank casing diameter 2 in. to 6 in. 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:									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC X 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 X 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 20 ft. to 24 ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
SAND PACK INTERVALS: From 20 ft. to 25 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 ft. to 3 ft. From 3 ft. to 0 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) Contaminated Site									
13 Insecticide storage									
Direction from well? _____ How many feet? _____									
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.									

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