

## CORRECTIONS

WATER WELL RECORD Form WWC-5

KSA 82a-1212

ID No. MW-12D

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number		Township Number		Range Number			
County: <b>Reno</b>		<b>NE</b> ¼ <b>SE</b> ¼ <b>SE</b> ¼		<b>18</b>		T <b>23</b> S		R <b>5W</b> E/W			
Distance and direction from nearest town or city street address of well if located within city? <b>Between Hwy 61 and Lorraine, N of center, S of Carey, Hutchinson</b>											
<b>2 WATER WELL OWNER: Ineeda Cleaners</b>											
RR#, St. Address, Box # : <b>1224 North Main</b>						Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <b>Hutchinson, Kansas</b>						Application Number:					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>			<b>4 DEPTH OF COMPLETED WELL</b> <b>59</b> ft. ELEVATION:								
<div style="text-align: center;">N 1 Mile W E S X</div>			Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.								
			WELL'S STATIC WATER LEVEL <b>11.8</b> ft. below land surface measured on mo/day/yr <b>2/16/04</b>								
			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 _____ in. to _____ 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								
			Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> If yes, mo/day/yr sample was submitted								
			Water Well Disinfected? Yes _____ No _____								
<b>5 TYPE OF BLANK CASING USED:</b>											
1 Steel			3 RMP (SR)		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____		
2 <u>PVC</u>			4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____		
					7 Fiberglass				Threaded <u>✓</u>		
Blank casing diameter <b>2</b> in. to <b>49</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.											
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Sch 40</b>											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel			3 Stainless steel		5 Fiberglass		8 RMP (SR)		10 Asbestos-cement		
2 Brass			4 Galvanized steel		6 Concrete tile		9 ABS		11 Other (specify) _____		
SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot			3 <u>Mill slot</u>		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 <b>59</b> ft. to <b>49</b> ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From <b>59</b> ft. to <b>46.2</b> ft. From _____ ft. to _____ ft.											
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____											
Grout Intervals From <b>46.2</b> ft. to <b>3</b> ft. From <b>3</b> ft. to <b>surface</b> 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 <u>Fuel storage</u>		15 Oil well/ Gas well		
3 Watertight sewer lines			6 Seepage pit		9 Feedyard		12 Fertilizer storage		16 <u>Other (specify below)</u>		
							13 Insecticide storage		<b>Dry Cleaner</b>		
Direction from well? _____ How many feet? _____											
FROM	TO	CODE	LITHOLOGIC LOG				FROM	TO	PLUGGING INTERVALS		
0	7		Brown VF-F clayey sand								
7	10		Brown F-M sand								
10	15		Brown M-VC sand								
15	62		Brown M-VC gravelly sand								
62			Red shale								
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>2/11/04</b> and this record is true to the best of my knowledge and belief. Kansas											
Water Well Contractor's License No. <b>416</b>						This Water Well Record was completed on (mo/day/yr) <b>3/9/04</b>					
under the business name of <b>Terracon</b>						by (signature) <i>Steve Fush</i>					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											

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