

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

(to rectify lacking or incorrect information)

County: RENO

Location listed as:

Section-Township-Range: _____

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

Location ~~changed to~~:

17-23-5W

NW NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: Well Constructed (Not plugged)

Completion Date 10/9/97

verification method: Call to driller

initials: DS date: 2/6/06

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>Renov</u> Distance and direction from nearest town or city street address of well if located within city? <u>278'E & 495 N of Lorraine & Carey Blvd - Hutch. KS</u>		Fraction <u>NW 1/4 NW 1/4 SW 1/4</u>	Section Number <u>17</u>	Township Number T <u>23</u> S	Range Number R <u>5</u> E/W
2 WATER WELL OWNER: <u>KDHC</u> RR#, St. Address, Box # : <u>Forbes Fork Bldg 740</u> City, State, ZIP Code : <u>Topeka KS 66620-0001</u>		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: <u>51'</u> ft. ELEVATION: <u>1526.32</u> Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <u>24.32</u> ft. below land surface measured on mo/day/yr <u>2-17-97</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>8 1/4"</u> in. to <u>20'</u> ft., and <u>2'</u> in. to <u>51'</u> 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) 2 Irrigation 4 Industrial 7 Lawn and garden only ☒ 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) ☒ PVC 4 ABS Blank casing diameter in. to <u>51'</u> ft., Dia in. to ft., Dia in. to ft. Casing height above land surface: <u>2'</u> in., weight lbs./ft. Wall thickness or gauge No. <u>40</u>		CASING JOINTS: Glued ☐ Clamped ☐ Welded ☐ Threaded ☐			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS SCREEN OR PERFORATION OPENINGS ARE: <u>610</u> 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)		10 Asbestos-cement 11 Other (specify) 12 None used (open hole)			
SCREEN-PERFORATED INTERVALS: From <u>41'</u> ft. to <u>51'</u> ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From <u>38'</u> ft. to <u>51'</u> ft., From ft. to ft. From ft. to ft., From ft. to ft.		8 Saw cut 11 None (open hole)			
6 GROUT MATERIAL: ☒ Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From <u>1</u> ft. to <u>35</u> ft., From <u>0</u> ft. to <u>1</u> 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) 13 Insecticide storage Direction from well? How many feet?		PLUGGING INTERVALS			
FROM TO LITHOLOGIC LOG FROM TO <u>0</u> <u>9</u> <u>Brown clay</u> <u>1</u> <u>35</u> <u>yellow sand/gravel</u> <u>0</u> <u>1</u> <u>Bentonite</u> <u>Cement</u>					
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) <u>10/19/99</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>568</u> This Water Well Record was completed on (mo/day/yr) under the business name of <u>MAXS</u> by (signature) <u>David Hunscher</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.					