

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:

17-23-5 W

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 1267

1 LOCATION OF WATER WELL:		Fraction NW 1/4 NW 1/4 Sec 5 1/4		Section Number 17		Township Number T 23 S		Range Number R 5 E	
County: Reno									
Distance and direction from nearest town or city street address of well if located within city? 278' E and 495' N of Lorraine & Carey Blvd - Hatch KS.									
2 WATER WELL OWNER: F. D. NE									
RR#, St. Address, Box #: Fortnesfield Bldg 740									
City, State, ZIP Code: Topeka KS 66620-0001									
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: 51.5 ft. ELEVATION: 1526.56							
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.							
		WELL'S STATIC WATER LEVEL 23.86 ft. below land surface measured on mo/day/yr 2-17-97							
		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 in. to 20 ft., and 2 in. to 5.1 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 10 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) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded									
Blank casing diameter 1 in. to 5.1 ft., Dia in. to ft., Dia in. to ft.									
Casing height above land surface 2.0 in., weight lbs./ft. Wall thickness or gauge No. 80									
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)									
12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE: 0.010 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
1 Continuous slot 2 Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)									
SCREEN-PERFORATED INTERVALS: From 4.1 ft. to 5.1 ft., From ft. to ft.									
From ft. to ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From 3.8 ft. to 5.1 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 3.8 ft. to 1 ft., From 0 ft. to 1 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? Former Prg. Cleaner 430' E 360' N									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 9 Brn Clay									
9 51 Yellow Sand									
1 3.8 Bentonite									
0 1 Cement									
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) and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 568 This Water Well Record was completed on (mo/day/yr)									
under the business name of MAXS by (signature) David Hunsicker									
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.									

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