

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 66612-1267

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>		<u>NW 1/4 NW 1/4 SW 1/4</u>	<u>17</u>	<u>T 23 S</u>	<u>R 5 E (W)</u>
Distance and direction from nearest town or city street address of well if located within city? <u>278' E and 495' N of Lorraine & Carey Blvd Hutchinson, KS.</u>					
2 WATER WELL OWNER: <u>KDHE</u>					
RR#, St. Address, Box #: <u>Forbes Field Bldg 743</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>Topeka, KS 66620-0001</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>49.5</u> ft. ELEVATION: <u>1525.74</u>			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL: <u>1503.15</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</u> in. to <u>20</u> ft. and <u>2</u> in. to <u>49.5</u> ft.			
		WELL WATER TO BE USED AS:			
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 12 Other (Specify below)			
		Was a chemical/bacteriological sample submitted to Department? Yes <u>NO</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <u>NO</u>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<u>2 PVC</u>		4 ABS		8 Concrete tile	
				9 Other (specify below)	
Blank casing diameter: <u>1</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft.				CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>80</u>				Welded _____ Threaded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<u>2 Mill slot</u>		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>25</u> ft. to <u>35</u> ft., From <u>49.5</u> ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>35</u> ft., From <u>49.5</u> ft. to _____ ft.					
6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout <u>3 Bentonite</u> 4 Other _____					
Grout Intervals: From <u>22</u> ft. to <u>1</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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>9</u>	<u>Ben clay</u>	<u>22</u>	<u>1</u>	<u>Bentonite</u>
<u>9</u>	<u>49.5</u>	<u>Yellow sand</u>	<u>1</u>	<u>0</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) _____ 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>Max</u> by (signature) <u>David Hartz</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.					