

CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: RENO

Location listed as:

Location ~~changed~~ to:

Section-Township-Range: _____

1-23-6W

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

NW NW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: WELL CONSTRUCTED ONLY - NOT PLUGGED. COMPLETION DATE
JUST PRIOR TO DATE WATER LEVEL MEASURED

verification method: CALL TO DRILLER

initials: DS date: 3/21/06

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: Reno Fraction: NW 1/4 NW 1/4 SE 1/4 Section Number: 1 Township Number: T 23 S Range Number: R 6 E

Distance and direction from nearest town or city street address of well if located within city?
201 State Fair Rd Hutchinson KS

2 WATER WELL OWNER: KDHE
RR#, St. Address, Box #: Forbes Field 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: 30.3 ft. ELEVATION: 1535.5

Depth(s) Groundwater Encountered 1. 16.5 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 16.21 ft. below land surface measured on mo/day/yr 7/20/97

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 30.3 ft. and _____ in. to _____ 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 MW-2K

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 2 in. to 30.3 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface 0.3 in. weight _____ lbs./ft. Wall thickness or gauge No. 40

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: 0/0

1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes

3 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 20.3 ft. to 30.3 ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 30.3 ft. to 18.3 ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 18.3 ft. to 1.5 ft. From 1.5 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)

Dry Cleaner 200' NW

13 Insecticide storage

Direction from well? _____ How many feet? _____

LITHOLOGIC LOG

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0 6 Clays 18.3 1.5 Bentonite

6 8 Silty Sands 1.5 0 Cement

8 30.3 Sands

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 Smith

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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