

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: _____

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

County: RENO

Location changed to:

12-23-6W

NW SW NE

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: <u>Reno</u>		Fraction <u>NW 1/4 SW 1/4 NE 1/4</u>	Section Number <u>12</u>	Township Number T <u>23</u> S	Range Number R <u>6</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>1224 Mamst S.E. of Building Hutchinson KS</u>					
2 WATER WELL OWNER: <u>KDHE</u> RR#, St. Address, Box #: <u>Forbes Field 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>41.93</u> ft. ELEVATION: <u>1535.5</u> Depth(s) Groundwater Encountered 1. <u>16.0</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr <u>06/04/97</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>13</u> in. to <u>42.0</u> ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below) <u>10 Monitoring well AAS-1</u> Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>Yes</u>			
5 TYPE OF BLANK CASING USED: 1 Steel <u>2 PVC</u> 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) <u>Welded threaded</u> Blank casing diameter _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>-0.3</u> ft. weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 RMP (SR) 8 ABS 9 Other (specify) 10 Asbestos-cement 11 Other (specify) 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole) SCREEN-PERFORATED INTERVALS: From <u>41.93</u> ft. to <u>38.43</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>42.0</u> ft. to <u>40.0</u> ft. From <u>35.0</u> ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>40.35</u> ft. to <u>1</u> ft. From <u>1</u> ft. to <u>0</u> ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 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	
0		3		Brn Clays	
3		42		Gravels & Sands	
FROM		TO		PLUGGING INTERVALS	
35.0		1.0		Bentonite	
1.0		0.0		Cement	
42'		35'		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. <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 Nuyke</u>					