

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>Renov</u>		Fraction <u>NW 1/4 SW 1/4 NE 1/4</u>	Section Number <u>12</u>	Township Number <u>T 23 S</u>	Range Number <u>R 6 E (W)</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1224 Main Hutchinson KS</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # <u>KOME</u> City, State, ZIP Code <u>Forbes Field Bldg 740 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>20.81</u> ft. ELEVATION: <u>1535.25</u>			
		Depth(s) Groundwater Encountered <u>1.15.0</u> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <u>14.46</u> ft. below land surface measured on mo/day/yr <u>04/04/97</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>40</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only <u>0</u> Monitoring well <u>14-35</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>(X)</u>			
		5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <u>2</u> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter <u>2</u> in. to <u>10</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>-0.3</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____ 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: 1 Continuous slot <u>2</u> Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>10.0</u> ft. to <u>20.0</u> ft., From _____ ft. to _____ ft. From <u>21.0</u> ft. to <u>9.0</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>21.0</u> ft. to <u>9.0</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL: <u>1</u> Best cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>27.0</u> ft. to <u>21.0</u> ft., From <u>9.0</u> ft. to <u>1.0</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) <u>Former Dry Cleaner</u> Direction from well? _____ How many feet? <u>100</u>					
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS			
0	3	Brn Clay	37	27	Sand
3	40	Gravels & Sands	27	21	Bentonite
			21	9.0	Sand
			9.0	1.0	Grout
			1.0		Surface 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. <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 Mayfield</u>					