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

(to rectify lacking or incorrect information)

Location listed as:	County: <u>Ren O</u> Location changed to:
Section-Township-Range: 2-235-6 W	25-235-6W
Fraction (1/4 1/4 1/4):	NW SW SE
Other changes: Initial statements: Or 3 mir W. of	22nd and T Roads, Lincoln
Changed to: 1/4 mi. N. of W. end o	of Wilbeck Drive;
South Hutchinson.	
Comments:	
verification method: Phone call from well	contractor, and
mapping tool on Kas wes	bsite.
	initials: 2012 date: 11/1/2007

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.

			WATE	R WELL RECORD	Form WW	/C-5 KSA 82	a-1212		
		ATER WELL:	Fraction			Section Number		Range Number	
County:			NW 1/4		E 1/4	2	T 23 S	R 6 B(W)	
Distance and direction from nearest town or city street address of well if located within city? 0.3 mi. W of 22nd and T Roads, Lincoln									
2 WATER WELL OWNER: Kansas Dept. of Health & Environment									
RR#. St. A	PP# St Address Poy# + 1000 SW Indiana C '4 410								
City, State	, ZIP Code	Topeka, Kansas 66612-1367					Board of Agriculture, Division of Water Resources Application Number:		
3 LOCAT	E WELL'S AN "X" IN S	LOCATION SECTION BOX: 4 DEPTH OF COMPLETED WELL							
T -		N					. 2 ft.		
 ↑	5 8	WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr							
	· ~ NW	NF					after hours pu		
	egg.	Est. Yield NA gpm: Well water was ft. after hours pumping gpm							
W dile							and i	n. to ft.	
- "	-	E	WELL WATER	TO BE USED AS: 5	Public wa	ter supply	8 Air conditioning 11	Injection well	
	C)A/		1 Domestic	3 Feedlot 6	Oil field w	ater supply	9 Dewatering 12	Other (Specify below)	
l 1	2VV	X SE	2 Irrigation				10 Monitoring well		
	1	1	Was a chemica	Vbacteriological sampl	e submitte	d to Departmen	t? YesNo ✓; If yes	s, mo/day/yr sample was	
<u> </u>		S	submitted			W	ater Well Disinfected? Yes	No √	
5 TYPE	OF BLANK	CASING USED:		5 Wrought iron	8 Coi	ncrete tile	CASING JOINTS: Glue	ed Clamped	
1 St	teel	3 RMP (SI	R)	6 Asbestos-Cement	9 Oth	er (specify belo	ow) Wel	ded	
(2)P\	VC	4 ABS		7 Fiberglass			· _	eaded. 🗸	
Blank casi	ng diameter	r .2	in. to 1				ft., Dia	in to ft	
							/ft. Wall thickness or gauge		
		R PERFORATIO		,		PVC	10 Asbestos-cen		
1 St		3 Stainless		5 Fiberglass		RMP (SR)		y)	
2 B		4 Galvaniz		6 Concrete tile		ABS	12 None used (o	• · ·	
		RATION OPENIN			ed wrapped		8 Saw cut	11 None (open hole)	
i	ontinuous s		fill slot		wrapped	,	9 Drilled holes	11 Notice (open noic)	
	ouvered shu		Key punched	7 Torch	• • •		10 Other (specify)		
		ED INTERVALS				# E	rom	• • • • • • • • • • • • • • • • • • •	
SCILLIA	FLIN OIVAI	LD INTERVALS	From	ft to	10	IL., FI # E	rom #	to ft.	
	RAVEL PA	CK INTERVALS	· From	9 ft to	16		rom	to ft	
\) V V L L I /	OK IIII LIVALO					rom		
	MATERIA		cement	2 Cement grout	$\sqrt{3}$ Be	ntonite 4	Other Concrete		
				ft., From	2	rt. to 7.	ft, From		
		ource of possible						Abandoned water well	
	tic tank	4 Late	ral lines	7 Pit privy		11 Fue	l storage 15 (Oil well/Gas well	
	er lines	5 Cess	•	8 Sewage lage	oon		•	Other (specify below)	
	ertight sewe	erlines 6 Seep	page pit	9 Feedyard			· · · · · · · · · · · · · · · · · · ·		
Direction 1			LITIOL COLO				iny feet?		
FROM	TO	Cl	LITHOLOGIC		FROM	ТО	PLUGGING		
0	2		oist, Dark Bro						
2	6		moist, sl. bact						
6	7			Grayish Brown					
7	8			or, Grayish Brown					
8	8.25			or, Greenish Brow					
8.25	9.5			. bacterial odor, G	}	\perp			
9.5	12		ubrounded, v.						
12	16	Sand (vf-c), s	ubrounded, sa	turated, Brown					
								2	
							MW5S, Abovegrade		
							Project Name: So. Hutchinso	n Ethanol - TM	
							GeoCore # 1317, #	72	
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)									
Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (me/day/yr)8/29/2006									
1	business na			oCore, Inc.		by (signa			
					leady Place				
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.									