CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log in order to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as SW SE SW, 13-24S-2W

changed to SW SE SW, 13-24S-12W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well owner's address, legal description, position on plat map, and Stafford 1:24,000 topo. map.

initials: DRL date: 1/31/2003

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

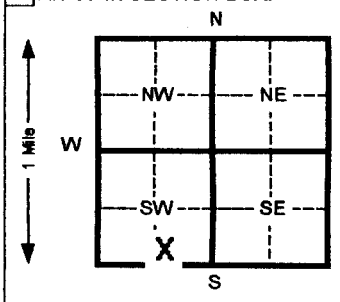
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: **Stafford** | Fraction: **SW ¼ SE ¼ SW ¼** | Section Number: **13** | Township Number: T **24** S | Range Number: R **2** E/W

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Handi Serv**
RR#, St. Address, Box # : **P. O. Box 340**
City, State, ZIP Code : **Stafford, Ks 67578** **MW 2**
Board of Agriculture, Division of Water Resources Application Number:

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **21** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 ____ ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL **15** ft. below land surface measured on mo/day/yr ____
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 **21** ft. and ____ in. to ____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) [10] Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes ____ No **X** If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes ____ No **X**

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded ____
[2] PVC 4 ABS 7 Fiberglass Threaded **X**
Blank casing diameter **2** in. to **11** ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface **0** in., weight **.716** lbs./ft. Wall thickness or gauge No. **.154**

TYPE OF SCREEN OR PERFORATION MATERIAL: [7] PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) ____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped [8] Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ____

SCREEN-PERFORATED INTERVALS: From **11** ft. to **21** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From **10** ft. to **21** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.

6 GROUT MATERIAL: 1 Neat cement [2 Cement grout] [3 Bentonite] 4 Other ____
Grout Intervals From **0** ft. to **2** ft. From **2** ft. to **10** 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)
13 Insecticide storage **Contaminated site**
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2 in		Asphalt			
2 in	6 in		Cement			
6 in	1 '		Backfill sand			
1'	3		Dense clay, silty, stiff			
3	6		Stained clay as above			
6	10		Red clayey silt			
10	12		Very fine grained, clayey, silty			
			Sand, abundant caliche			
12	17		Sand as above, grading to			
			Arkosic			
17	21		Sand as above			

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/yr) **3-1-02** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **5-21-02**
under the business name of **Woofter Pump and Well Inc.** by (signature) Jerry G Woofter

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send 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.

OFFICE USE ONLY T R SEC