

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: None GivenFraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): \_\_\_\_\_County: Finney

Location changed to:

29-24S-32WSW SE SE

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: well owner's address, area map on internet, and  
Garden City East 1:24,000 topo. map.initials: DR date: 10/18/2004submitted 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:	Fraction	Section Number	Township Number	Range Number	
County: <b>Finney</b>	$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		T    S	R    E/W	
Distance and direction from nearest town or city street address of well if located within city? <b>Lot #4, Block #9, Sagebrush Addition</b>					
2 WATER WELL OWNER: <b>Ed Geier</b>					
RR#, St. Address, Box # : <b>106 Hampton Ct.</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Garden City, Ks. 67846</b>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL ..... <b>300</b> ..... ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.			
		WELL'S STATIC WATER LEVEL ..... <b>11.9</b> ..... ft. below land surface measured on mo/day/yr ..... <b>10-6-03</b> .....			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm			
WELL WATER TO BE USED AS:		5 Public water supply    8 Air conditioning    11 Injection well			
X1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)					
2 Irrigation    4 Industrial    7 Domestic (lawn & garden)    10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... <b>X</b> .....; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <b>X</b> No					
5 TYPE OF BLANK CASING USED:					
1 Steel    3 RMP (SR)		5 Wrought iron		8 Concrete tile	
X PVC    4 ABS		6 Asbestos-Cement		9 Other (specify below)	
		7 Fiberglass		CASING JOINTS: Glued ..... <b>X</b> ..... Clamped .....	
				Welded .....	
				Threaded .....	
Blank casing diameter ..... <b>5</b> ..... in. to ..... <b>300</b> ..... ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.					
Casing height above land surface ..... <b>12</b> ..... in., weight ..... lbs./ft. Wall thickness or gauge No. <b>200</b> psi					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel    3 Stainless Steel    5 Fiberglass		X PVC    10 Asbestos-Cement			
2 Brass    4 Galvanized Steel    6 Concrete tile		8 RMP (SR)    11 Other (Specify) .....			
		9 ABS    12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot    3 Mill slot		5 Gauzed wrapped		8 X 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 ..... <b>260</b> ..... ft. to ..... <b>300</b> ..... ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... <b>25</b> ..... ft. to ..... <b>40</b> ..... ft., From ..... <b>230</b> ..... ft. to ..... <b>300</b> ..... ft.					
From ..... <b>60</b> ..... ft. to ..... <b>220</b> ..... ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    X3 Bentonite    4 Other .....					
Grout Intervals: From ..... <b>5</b> ..... ft. to ..... <b>25</b> ..... ft., From ..... <b>40</b> ..... ft. to ..... <b>60</b> ..... ft., From ..... <b>220</b> ..... ft. to ..... <b>230</b> ..... ft.					
What is the nearest source of possible contamination:					
X1 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	
Direction from well?		How many feet? <b>100</b>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	top soil			
1	42	coarse sand & gravel			
42	62	brown clay			
62	92	brown clay & coarse sand			
92	112	coarse sand & gravel			
112	142	brown clay			
142	191	coarse sand & gravel			
191	202	brown clay, sand & gravel streaks			
202	222	medium to coarse sand & small gravel			
222	228	brown clay			
228	242	medium to coarse sand & gravel			
242	292	medium to coarse sand & gravel, few clay streaks			
292	297	medium to coarse sand, clay streaks			
297	302	brown clay, sand streaks			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>X</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <b>10-6-03</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... <b>532</b> ..... This Water Well Record was completed on (mo/day/yr) ..... <b>10-15-03</b> ..... under the business name of <b>Midwest Well &amp; Pump Inc.</b> by (signature) <i>Victor Surup</i>					
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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					