

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 22-26 S-36 W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE NW NE

County: Kearny

Location changed to:

27-24 S-36 W

SE NE SE NW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Attached site location map, and mapping tool on KGS website.

initials: DRd date: 9/18/2007

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.

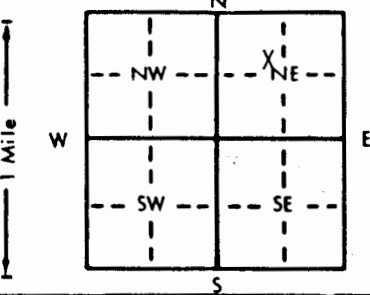
1 LOCATION OF WATER WELL: County: Kearney Fraction: SE 1/4 NW 1/4 NE 1/4 Section Number: 22 Township Number: T 26 S Range Number: R 36 EW

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

2 WATER WELL OWNER: Farmers Cooperative
 RR#, St. Address, Box #: 200 N. Main
 City, State, ZIP Code: Lakin, KS.
 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: 23 ft. ELEVATION: _____



Depth(s) Groundwater Encountered 1. 15 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 16.41 ft. below TOC measured on mo/day/yr 11-9-93
 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: 7 5/8 in. to 23 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No ✓; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No ✓

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded ✓
 Blank casing diameter: 2 in. to 13 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 0 in., weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 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 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 23 ft. to 13 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 23 ft. to 11 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 7 ft., From 7 ft. to 11 ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____
 Direction from well? northwest How many feet? 300

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	CLY, MED BRN, MOD SLTY, TR F SND			
1	11	CLY, LT BRN, V SLTY, TR OF CALICHE			MW2
11	13	SND, V CLYEY, F TO MED GRN SND, YEL-BRN			FLUSH MOUNT COVER
13	18	SND, ORANGE-YELL, F TO C GRN, TR OF GRVL			00005876
18	23	SND, F TO C GRN, MED GRVL, GRY-BRN			

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) 11-11-02-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/yr) 11-10-93 under the business name of GeoCore Services, Inc. by (signature) Dale Roll

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.



GEOCORE INC.

P.O. BOX 586 (785) 828-1816 SALINA, KANSAS

GEOCORE PROJECT NO. 296

DATE ORIGINATED: 04/94
 LOCATION: LAKIN, KANSAS
 SPOT: SEC 27, T24S, R36W
 DRAFTER: RLR
 FILE: CL31MOM.dwg

☉ MONITORING WELL
 ● EXISTING WELL

SCALE: 1" = 100'