

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

(to rectify lacking or incorrect information)

Location listed as:

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

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

County: Kearny

Location changed to:

27-24S-36W

NE SW NW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

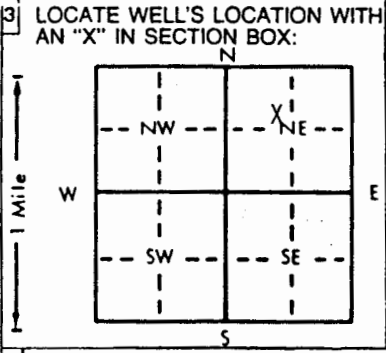
initials: DRD date: 9/18/2007

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: 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:



4 DEPTH OF COMPLETED WELL: 20 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 15 ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: 14.64 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 20 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 10 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)
 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 10 ft. to 20 ft., From ft. to ft.
 From 9 ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From 9 ft. to 20 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 9 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
 Direction from well? southeast How many feet? 380

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	CLY, MED TO DK BRN, MOD TO V SLTY, ORGANIC	RICH		
2	11.5	CLY, LT BRN W/RED TINT, V SLTY			MW10
11.5	15	CLY, MOD, SNDY, VF GRND, V SLTY, YELL-BRN			FLUSH MOUNT COVER
15	20	SND, F TO C GRN, MOD GRVL, YELL-BRN-ORG			00007568

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) 11-03-93 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) [Signature]

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.

