

CORRECTION TO WATER WELL RECORD (WWC-5)

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

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

listed as SE NE SE, 16-07S-2W

changed to SE NE SE, 16-26S-2W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Owner's address, written & legal descriptions, Sedgwick

County map, Colwich city map on internet, and initials: DRB date: 10/24/2001
Colwich 1:24,000 topo. map.

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

House Well WATER WELL RECORD Form WWC-5 KSA 82a-1212 Block 16

1 LOCATION OF WATER WELL: County: Sedgewick Fraction: S 1/4 N 1/4 S 1/4 Section Number: 16 Township Number: T 07 Range Number: R 2 EW 2

Distance and direction from nearest town or city street address of well if located within city? N.W. corner 2nd & Sts. Colwich, KS

2 WATER WELL OWNER: Fred & Elizabeth Griner Lots 23, 24, 25, 26, 27, 28

RR#, St. Address, Box #: 102 S. Second Board of Agriculture, Division of Water Resources

City, State, ZIP Code: Colwich, KS 67030 Application Number:

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

4 DEPTH OF COMPLETED WELL: 99.9 ft. ELEVATION:

Depth(s) Groundwater Encountered: 99.9 ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL: 99.9 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 in. to 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 X If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes X 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

Blank casing diameter 2 in. to ft. Dia in. to ft.

Casing height above land surface 36 Below in. weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement

2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) NA

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

10 Other (specify) NA

SCREEN-PERFORATED INTERVALS: From ft. to ft. From ft. to ft.

GRAVEL PACK INTERVALS: From ft. to ft. From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From 6 ft. to 3 ft. From ft. to ft. From ft. to ft.

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well

1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well

2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 14 inadequate water level

Direction from well? How many feet? 14 inadequate water level

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

99.9 15 Gravel

15 6 Clay

6 3 Cement

ABANDONED PROCESSION WELL

Filled with 48" Cement

2" casing

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) 5-28-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A This Water Well Record was completed on (mo/day/yr) 8-24-91 under the business name of Homeowner 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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.