

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

(to rectify lacking or incorrect information)

County: Ford

Location listed as:

Section-Township-Range: 35-T25S-R25W

Fraction (1/4 1/4 1/4): ~~SW NE NE~~ SE SW NE

Location changed to:

35-T26S-R25W

SE SW NE

Other changes: Initial statements: Set of monitoring wells for FasStop from
1993 are clearly in wrong place.

Changed to: T26S, fraction changed to match other monitoring wells

Comments: _____

verification method: WWCS database, MapQuest web site

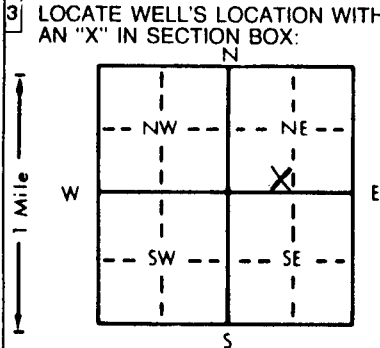
initials: DAH date: June 9, 2005

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: **Ford** Fraction: **SE 1/4 SW 1/4 NE 1/4** Section Number: **35** Township Number: **T 25 S** Range Number: **R 25 E** **(W)**

Distance and direction from nearest town or city street address of well if located within city?
301 South Second Street, Dodge City, Kansas

2] WATER WELL OWNER: **Fas Stop**
 RR#, St. Address, Box #: **301 S. Second St.**
 City, State, ZIP Code: **Dodge City, Ks.**
 Board of Agriculture, Division of Water Resources
 Application Number:



4] DEPTH OF COMPLETED WELL: **25** ft. ELEVATION: **NA**
 Depth(s) Groundwater Encountered: 1. **20** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **18.05** ft. below land surface measured on **mo/day/yr** **11-30-93**
 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 **25** 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 _____ No **X**

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 **X**
 Blank casing diameter: **2** in. to **15** 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 **15** ft. to **25** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **12** ft. to **25** 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 **10** ft., From **10** ft. to **12** 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? **west** How many feet? **2**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8'	fill snd, f-v c			
8	21	snd, f-med grnd, sl-mod grvl, frly well strct, lt-med gry			
21	25	cly, lt olive brn, v slty, v sndy, v f grnd			
					FMW1-flush mount cover

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) **11-15-93** 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) **12-14-93** under the business name of **GeoCore Services, Inc.** by (signature) *Dale A. Polt*

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.