

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 ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NW NE 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, Map Quest web site

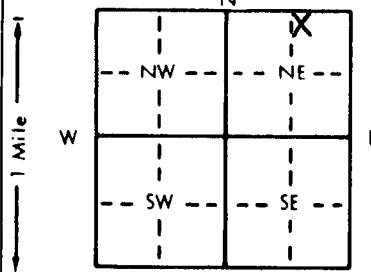
initials: DAH date: June 9, 2005

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: **NW 1/4 NE 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.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Dodge City, Ks.** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: **24** ft. ELEVATION: **NA**
 Depth(s) Groundwater Encountered 1. **20** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **16.78** 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 **24** in. 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 **14** 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 **14** ft. to **24** ft. From ft. to ft.
 GRAVEL PACK INTERVALS: From **12** ft. to **24** 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? **southwest** How many feet? **450**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6"	concrete			
6"	3'	cl, lt-med brn, v slty, tr f-med snd			
3	6	snd, v f-f grnd, well strd, v slty, yell-oran			
6	10	snd, f-c grnd, sl grvl, tr of rock			
10	15	snd, v f-med grnd, yell-brn			
15	22	snd, f-c grnd, sl-mod grvl, tr of rock, yell-brn			
22	24	snd, f-c, mod-v grvly, mod rock up to 2", yell			
					FMW6-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) **11-17-93** 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. Bell*

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.