

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

(to rectify lacking or incorrect information)

County: Ford County

Location listed as:

Section-Township-Range: 35-T25S-R25W

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

Location changed to:

35-T26S-R25W

SE SW NE

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

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

Comments: _____

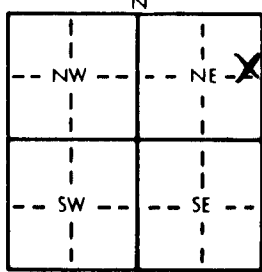
verification method: WWCS database, MapQuest web site

initials: DAH date: June 9, 2005

1 LOCATION OF WATER WELL: County: **Ford** Fraction: **SE₄ NE 1/4 NE₄** Section Number: **35** Township Number: **T 25 S** Range Number: **R 25 EW**

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: **25** ft. ELEVATION: **NA**
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **16.29** ft. below land surface measured on **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 2 **PVC** 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ 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 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 **PVC** 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 **Mill slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole) 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **15** ft. to **25** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **13** ft. to **25** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 **Cement grout** 3 **Bentonite** 4 Other
 Grout Intervals: From **0** ft. to **11** ft., From **11** ft. to **13** ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 **Fuel storage** 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____
 Direction from well? **southwest** How many feet? **400**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4"	asphalt			
4"	4'	cly, lt brn-yell, sl red color, v slty & sndy			
4	6	snd, v f-f grnd, v slty, yell, rnd-subang			
6	10	snd, f-med, sl-mod grvl, tr of rock, subang-rnd			
10	16	snd, f-med, mod-v grvly, sl rock, yell-brn			
16	17	snd, f-med, sl grvl, tr of rock, lt-med gry			
17	25	snd, f-med, mod-v grvly, sl rock, yell-brn color			
					FMW4-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) **11-16-93** 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. Holt*

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.