CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: _Ford_

Location listed as:

Location changed to:

Section-Township-Range: _35 - 26 S - 25 W_ | _35 - 26 S - 25 W_

Fraction (¼ ¼ ¼): _NE SW NW_ | _SW SE NE_

Other changes: Initial statements: _____

_____

Changed to: _____

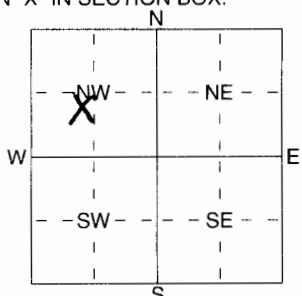_____

Comments: _____

_____

verification method: _Wellsite address, city street map, and mapping tool on KGS website._

_____ initials: _RRf_ date: _2/4/2010_

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.

WATER WELL RECORD	Form WWC-5	KSA 82a-1212	ID No. _____

1 LOCATION OF WATER WELL:

County: Ford

Fraction: NE ¼ SW ¼ NW ¼

Section Number: 35

Township Number: T 26 S

Range Number: R 25 E/W

Distance and direction from nearest town or city street address of well if located within city?
302 So. 2nd St., Dodge City, KS 67801

2 WATER WELL OWNER: South Dodge LoU
Attn: Tim Riecher
RR#, St. Address, Box #: 302 south 2nd street
City, State, ZIP Code: Dodge City, KS 67801

Board of Agriculture, Division of Water Resources
Application Number:

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

N / W / E / S

NW (X) — NE — / — SW — SE —

4 DEPTH OF COMPLETED WELL 40.0 ft. ELEVATION: 2477.45

Depth(s) Groundwater Encountered 1 ~29 ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL 26.35 ft. below land surface measured on mo/day/yr 12/8/04

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

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 Domestic (lawn & garden)
(10 Monitoring well)

Was a chemical/bacteriological sample submitted to Department? Yes .... No ...X...; If yes, mo/day/yrs 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
(2 PVC)
4 ABS
6 Asbestos-Cement
9 Other (specify below)
7 Fiberglass

CASING JOINTS: Glued .... Clamped ....
Welded ....
Threaded ...X..........

Blank casing diameter 2 in. to 40 ft, Dia _____ in. to _____ ft, Dia _____ in. to _____ ft.
Casing height above land surface -8.88 in., weight _____ lbs./ft. Wall thickness or guage No. Sch 40 PVC

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 Guazed 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) _____ ft.

SCREEN-PERFORATED INTERVALS: From 20 ft. to 40 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 16 ft. to 40 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 1 ft. to 16 ft., From _____ ft. to _____ 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
List Site

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Soil			
2	9	Sand, fine grained			
9	22	Sand, gravel to medium			
22	23.5	Clay, fine sand			
23.5	24	Sand, gravel			
24	25.5	Clay, fine sand			
25.5	40	Sand, medium to fine grained			
					SDMW11

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) 11/16/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 594 This Water Well Record was completed on (mo/day/yr) 12/29/04 under the business name of Cavanco Great Plains, Inc. by (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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each *constructed* well.