

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: NoneFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NoneCounty: Sedgewick

Location changed to:

30 - 27S - 2WSW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Online mapping service, Goddard 7.5" USGS Quad, directionsgiven by drillerinitials: JS date: 8-31-04

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: <u>Sedgewick</u>		Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u>		Section Number		Township Number T S R		Range Number E/W																																																																															
Distance and direction from nearest town or city street address of well if located within city? <u>#11 Hopper Drive - Goddard</u>																																																																																							
2 WATER WELL OWNER: RR#, St. Address, Box # <u>Gary Edmenster</u> City, State, ZIP Code																																																																																							
Board of Agriculture, Division of Water Resources Application Number:																																																																																							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL <u>76</u> ft. ELEVATION:																																																																																				
			Depth(s) Groundwater Encountered <u>45</u> ft. 2 <u>76</u> ft. 3 <u>76</u> ft. WELL'S STATIC WATER LEVEL <u>45</u> ft. below land surface measured on mo/day/yr <u>7-6-04</u> 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 <u>7</u> Domestic (lawn & garden) 10 Monitoring well																																																																																				
			Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <u>X</u> No																																																																																				
			5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ 1 Steel 3 RMP (SR) 9 Other (specify below) Welded _____ 2 PVC 4 ABS 7 Fiberglass Threaded _____ Blank casing diameter <u>66</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>240</u> lbs./ft. Wall thickness or gauge No. <u>160psi</u>																																																																																				
			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) _____ 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) _____ ft.																																																																																				
SCREEN-PERFORATED INTERVALS: From <u>66</u> ft. to <u>76</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>45</u> ft. to <u>76</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																							
6 GROUT MATERIAL: 1 Neat cement <u>3</u> 2 Cement grout <u>45</u> 3 Bentonite 4 Other _____																																																																																							
Grout Intervals: From <u>3</u> ft. to <u>45</u> 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 Direction from well? <u>west</u> How many feet? <u>15</u>																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>3</u></td> <td><u>top soil</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>3</u></td> <td><u>64</u></td> <td><u>clay</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>64</u></td> <td><u>67</u></td> <td><u>med sand</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>67</u></td> <td><u>76</u></td> <td><u>shale</u></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	<u>0</u>	<u>3</u>	<u>top soil</u>				<u>3</u>	<u>64</u>	<u>clay</u>				<u>64</u>	<u>67</u>	<u>med sand</u>				<u>67</u>	<u>76</u>	<u>shale</u>																																																			
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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) <u>7-6-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>7-30-04</u> under the business name of <u>Wetmore Drilling</u> by (signature) <u>Wetmore Drilling</u>																																																																																							
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.																																																																																							