

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as SE NW NE, 14-105-32W

changed to SW SW NE, 31-275-3W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written description, map on internet, and

Garden Plain 1:24,000 topo. map. initials: ERA date: 12/23/2000

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>SEDOGWICK</u>		<u>SE ¼ NW ¼ NE ¼</u>	<u>14</u>	<u>T 10 S</u>	<u>R 32 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>410 NORTH MAIN STREET</u> <u>MW-9</u>					
2 WATER WELL OWNER: <u>Farmer's Coop Elevator</u>					
RR#, St. Address, Box # : <u>410 N. MAIN</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>GARDEN PLAIN, KS 67050</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>20</u> ft. ELEVATION: <u>1446.88</u>			
		Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.			
		WELL'S STATIC WATER LEVEL <u>14.22</u> ft. below land surface measured on mo/day/yr <u>9-2-00</u>			
		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 <u>8</u> in. to <u>20</u> in. to _____ in. to _____ in.			
		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 <u>10 Monitoring well</u>			
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 _____ No <u>X</u>					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<u>2 PVC</u>		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter _____ in. to _____ in.		ft., Dia _____ ft., Dia _____ ft.		CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface <u>FLUSH</u> in., weight _____ lbs./ft.		Wall thickness or gauge No. _____		Welded _____ Threaded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
<u>2 Brass</u>		4 Galvanized steel		6 Concrete tile	
				7 Torch cut	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		<u>8 Saw cut</u>	
1 Continuous slot		3 Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Drilled holes	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>5</u> ft. to <u>20</u> ft.					
GRAVEL PACK INTERVALS: From <u>4</u> ft. to <u>20</u> ft.					
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other					
Grout Intervals: From <u>0</u> ft. to <u>2</u> ft. From <u>2</u> ft. to <u>4</u> ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				<u>11 Fuel storage</u>	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>8</u>	<u>Silty clay, DARK BROWN to REDDISH BROWN</u>			
<u>8</u>	<u>14</u>	<u>Silty Clay Light Brown to BROWN</u>			
<u>14</u>	<u>15</u>	<u>SAND, Greenish</u>			
<u>15</u>	<u>20</u>	<u>Sand with clay seams</u>			
<u>TD = 20</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8-23-00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>668</u> This Water Well Record was completed on (mo/day/yr) <u>10-16-00</u> under the business name of <u>Environmental Geoscience Inc.</u> by signature <u>[Signature]</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					