

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: _____

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

County: Grant

Location ~~changed to:~~

16-27S-37W

SW SW NE

Other changes: Initial statements: Kearney County

Changed to: Grant County

Comments: Maybe 8 mi. N. of Ulysses, rather than 18 (fits with legal description and with well depths in the area).

verification method: Legal description, position on plat map, and county map.

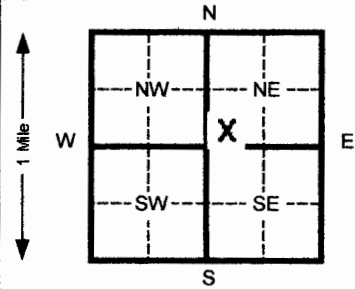
initials: ORL date: 6/9/2005

1 LOCATION OF WATER WELL: County: Kearney	Fraction SW ¼ SW ¼ NE ¼	Section Number 16	Township Number T 27 S	Range Number R 37 E W
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Distance and direction from nearest town or city street address of well if located within city?
18 mi. north of Ulysses

2 WATER WELL OWNER: **Philip Shorter**
 RR#, St. Address, Box # : **4711 N. Hwy 25** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Ulysses KS 67880** Application Number:

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



4 DEPTH OF COMPLETED WELL **415** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **200** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **200** ft. below land surface measured on mo/day/yr **5-17-05**
 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 **10** in. to _____ ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 **X** No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter **5** in. to **415** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **24** in., weight _____ lbs./ft. Wall thickness or gauge No. **SDR 21**
 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 **275** ft. to **295** ft. From **315** ft. to **335** ft.
 From **355** ft. to **375** ft. From **395** ft. to **415** ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **415** 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 **0** ft. to **20** 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 **None observed**

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20		Topsoil & fine sand			
20	40		Sandy clay and fine sand			
40	60		Sand, fine to med			
60	100		Sandy clay; a little caliche			
100	120		Caliche & a little sand			
120	190		Sand & gravel			
190	260		Caliche & a little cemented sand			
260	300		Cemented sand & a lit gray clay			
300	340		Gray clay & a lit cemented sand			
340	360		Gray clay			
360	450		Cemented sand; a lit gray clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was constructed
 completed on (mo/day/yr) **5-17-05** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **473** This Water Well Record was completed on (mo/day/yr) **5-21-05**
 under the business name of **Tyler Water Well, Inc.** by (signature) *Paul S...*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

OFFICE USE ONLY

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