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

| | County: FOF-C |
|--|------------------------------|
| Location listed as: | Location changed to: |
| Section-Township-Range: <u>None Given</u> | 10-285-22W |
| Fraction (1/4 1/4 1/4): | 10-285-22W NW SW SE SW |
| Other changes: Initial statements: Well owner's ha | • |
| • | |
| Changed to: Kent Frave/ | |
| | |
| Comments: | |
| | |
| verification method: Latitude & longitude, K | GS "LEO" conversion tool, |
| county owner ship map, and map | oing tool on KGS website. |
| verification method: Latitude & longitude, Kongitude, K | initials: Add date: 7/9/2009 |
| submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co | |
| to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jac | |

| LOCATION OF WATER WELL: Fraction Y. W. W. Global Positioning Systems (decimal degrees, min. of 4 digns) Located within city? Longitude: Proc. | WATE | R WELI | L RECORD | Form WWC- | -5 | Divisio | n of Wate | r Resources; App. No. | |
|--|-------------|--------------|--|----------------------------|---|------------------|------------------|--|--------------------------|
| Distance and direction from nearest town or city street address of well if located within city? 2 WATER WELL OWNER: Real, St. Address. Box # Longitude: \$72.71.69* 2 WATER WELL OWNER: Real, St. Address. Box # Longitude: \$72.71.69* 2 WATER WELL OWNER: Real, St. Address. Box # Longitude: \$72.71.69* 2 WATER WELL OWNER: Real, St. Address. Box # Longitude: \$72.71.69* 3 LOCATE WELL'S CONTROL OF COMPLETED WELL John St. Longitude: \$72.71.69* 3 LOCATE WELL'S STATIC WATER LEVEL John St. Longitude: \$72.71.69* 3 LOCATE WELL'S STATIC WATER LEVEL John St. Longitude: \$73.60* 3 LOCATE WELL'S STATIC WATER LEVEL John St. Longitude: \$73.60* 3 LOCATE WELL'S STATIC WATER LEVEL John St. Longitude: \$73.60* 4 Longitude: \$72.71.69* 3 LOCATE WELL'S STATIC WATER LEVEL John St. Longitude: \$73.60* 5 Pump test data: Well water was | | | | | 14 | Section N | lumber | _ | _ |
| Latitude: \$77.7.64/ WATER WELL OWNER: Low Free | Dieta | nce and di | rection from negrest town or cit | | | Clobal Pa | citionine | <u> </u> | |
| Longitude: SPT 43.00 | | | | ty street address of w | | | | | grees, min. or 4 digits) |
| RRP, St. Address, Box # City, State, ZIP Code Data Collection Method: Data Collection Meth | | · | | | | | le: <i>099</i> | 43,00 | |
| Datum: | 2 WA | TER WEI | LOWNER: Kent Fr | we | | Elevation | n: | , | |
| 3 LOCATE WELL'S LOCATION MOTH AN X" IN SECTION BOX: WELL'S STATIC WATER LEVEL | KK# | , St. Addre | ess, Box # : | • | | | | | |
| 3 LOCATION WITH AN 'X' IN SECTION BOX: SECT | | | | | | Data Col | lection 1 | Method: WGS | 84 |
| WITH AN "X" IN SECTION BOX: N SECTION BOX: SECTION BOX: N SECTION BOX: SECTION BOX: N SECTION BOX: N SECTION BOX: SECTION BOX: N SECTION BOX: SECTION BOX: N SECTION BOX: SECTION BOX: SECTION BOX: N SECTION BOX: SECTION BOX: SECTION BOX: N SECTION BOX: | ; | | LL'S 4 DEPTH OF COMP | PLETED WELL | 140 | | ft. | - | • |
| Prump test data: Well water was | 1 | | IN Donth(s) Groundwater | Emaguatored (1) | | Δ. | (2) | A (2) | Δ |
| Prump test data: Well water was | | | WELL'S STATIC WA | TER I EVEL | 7 f | II. helow lan | (2) d surface | ············ II. (3) measured on mo/day | |
| Est. Vield **Flyam: Well water was **fl. after hours pumping **gpm well water supply | SEC | | Pump test data | : Well water was | 53 | ft. after. | | hours pumping | 3.0 gpm |
| 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 , if yes, mo/day/yrs Sample was submitted | | | Est. Yield 5.0 .gpm | : Well water was | | ft. after | | hours pumping | gpm |
| Somewheel Some | NV | V NE | WELL WATER TO BI | E USED AS: 5 Publ | ic water s | supply | 8 Air | conditioning 11 Inj | |
| Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No No If Yes of Sample was submitted Welphale No No No No No No No No No If Yes of Sample was submitted Welphale No N | w | | E Domestic 3 Feed | dlot 6 Oil field | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No if yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No if yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No if yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No if yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No if yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No if yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No if yes, mo/day/yrs water well disinfected? Yes No if yes, mo/day/yrs water well disinfected? Yes No if yes mo/day/yrs water well disinfected? Yes No in to no in to no . | ' | | | ustriai / Domesti | ic (lawn c | x garden) | 10 Mor | iltoring well | ••••• |
| Sample was submitted | SV | V SE - | Was a chemical/bacteri | iological sample subr | nitted to 1 | Departmen | t? Yes. | No | If ves. mo/day/vrs |
| 5 TYPE OF CASING USED: Steel 3 RMP (SR) 6 Asbestos-Cement PVC 4 ABS 7 Fiberglass 1 Threaded. Blank casing diameter | | | Sample was submitted. | | . Wate | r well disi | nfected? | Yes No | |
| Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded | | S | | | | | | | |
| Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded | 5 TYPI | E OF CAS | ING USED: 5 Wrought I | fron 8 Conc | rete tile | | CASINO | G JOINTS: Glued | Clamped |
| Blank casing diameter in. to | | | 3 RMP (SR) 6 Asbestos- | Cement 9 Other | (specify | below) | | Welded | |
| Casing height above land surface. | | PVC | 4 ABS 7 Fiberglass | | ••••••••••••••••••••••••••••••••••••••• | | | Threaded | l |
| TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 6 Fiberglass VC 9 ABS 11 Other (Specify) | | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify) | | | | | | 105./11. | wan unc | exiless of guage ivo | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot Mill slot 5 Gauzed wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From | 1 | | 3 Stainless Steel 5 Fibers | glass D VC | 9 A | ABS | | 11 Other (Specify) | |
| 1 Continuous slot Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | rete tile 8 RM (SR | 10 2 | Asbestos-C | Cement | 12 None used (open | hole) |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 10.00. ft. to 1.1.0 ft. ft. from 10.00. ft. to 1.1.0 ft. ft. from 10.00. ft. ft. ft. ft. ft. ft. ft. ft. ft. ft | | | | | | 0 D '11 | | | |
| SCREEN-PERFORATED INTERVALS: From 1.0 1.1 1.0 | | | | | | | | | |
| From | SCREE | N-PERFOI | RATED INTERVALS: From | /90 ft. to | | '. O ft | From | y) ft. to | ft. |
| From | | | | | | | | | |
| GROUT MATERIAL: 1 Neat cement 2 Cement grout | | GRAVEL | PACK INTERVALS: From | 2.0 ft. to . | | <i>!</i> ft., | From | ft. to | ft. |
| Grout Intervals: From | | | From | ft. to . | • | ft., | From | ft. to | ft. |
| Grout Intervals: From | 6 GRO | UT MATI | ERIAL: 1 Neat cement 2 (| Cement grout B Be | ntonite | 4 Other | | | |
| 1 Septic tank 2 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well below) Direction from well? | 1 | | | | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS PWEagle 5 IPS SDR 21 Loops 3 O HO Society 1 C-O ASTM F480 ASTM D224/ TONTRACTOR'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) | | | | | | | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS O # 1050 | | | | - · | | | | | ` - |
| Direction from well? How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS PWEORE 5" IPS SDR 21 LOOPS 30 40 Sold greated Costing IC-O ASTM F480 ASTM D2241 1C-O ASTM F480 ASTM D2241 TO 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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) by (signature) by (signature) by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRES FIRMLY and PRINT clearly. Please fill in blanks, under fine 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. Visit us at | | | | | | | | | , |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS PWEAGE 5" IPS SDR 21 200053 30 ##0 Sond Fareval | | | | | | _ | | | |
| 30 HO Sol Fareval 1C-O ASTM F480 ASTM D224/ UP (ede JM10 HA 2008 No. 12) 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 10 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) | | | | | | - | | | |
| 30 140 Sold Fareval 1C-O ASTM F 480 ASTM D2241 1C-O ASTM | 0 | P | tonsoil | | | | PWL | Sank 5" IPS | SDRZI ZOODST |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 10 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) | 8 | | Hence | | | | | • | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 10 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) | 30 | 140 | sod farevel | | | | £73 | F PUL 1120 | Well Casing |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 10 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) | | | - | | | | 15.0 | 10-11-100 | 10 |
| 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) | | | | | | - | 12-0 | 431M 1-480 | ASTM 02241 |
| 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) | | | | | | | 1101 | - Ja - 1 140 11 | 2000 AL 78 |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 10 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) | | | | | ļ | | arc | DE UNIO HA | LUUK JUON CE |
| 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) | | | | | | | 93 | 16:44 | |
| under my jurisdiction and was completed on (mo/day/year) | | | | | | | | | |
| Under the business name of Solution Delling Inc. Water Well Record was completed on (mo/day/year) | | | | | | | | | |
| under the business name of Bold Dolling Inc. by (signature) By (si | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, under no 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 <u>constructed</u> well. Visit us at | 1 | | | • | | | | | |
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| | three copie | es to Kansas | Department of Health and Environmen | nt, Bureau of Water, Geolo | gy Section, | , 1000 SW Ja | ckson St., | Suite 420, Topeka, Kansas | 66612-1367. Telephone |
| | | | | ek and retain one fo | r your re | ecoras. Fe | e of \$5.0 | ou for each constructed | ı weii. Visit us at |