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

(to rectify lacking or incorrect information)

Location listed as:	County: Grant Location changed to:
Section-Township-Range: 21 - 285 - 34 W	21-285-37 W
Fraction (1/4 1/4 1/4):	SW SW NW
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: <u>Well address</u> , area 1 tool & aerial photo on KGS	website. initials: ARddate: 10/15/2008
	7 / /

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 www	VU-5 KSA 82	a-1212			
LOCATION OF WATER WELL:	Fraction	<u> </u>	, ,	Section Number			Range Nu	mber
County: Urant		SW 14 S		21	т 23	š s	R 39	E/W
Distance and direction from nearest town of			ated within o	ity?				
1550 N Rol I	Uly ss	es/KS						
WATER WELL OWNER: Grant C	county Roa	ed Dept.						
	Rd I	•			Board of	Agriculture, [Division of Water	Resources
City, State, ZIP Code : Ulusses	, KS 67	880			Applicati	on Number:		
LOCATE WELL'S LOCATION WITH 4 AN "X" IN SECTION BOX:			58.2	.O ft. ELEV	ATION:			
N De	pth(s) Groundw	ater Encountered	1 7	. . <i></i> π.	. 2	π. 3		
Ŧ		VATER LEVEL 4						
NW - NE		test data: Well w				•	. •	•
Es	t. Yield	gpm: Well w	ater was	ft.	after	hours pu	mping	gpm
W H I I BO	re Hole Diamete	er 》 in.). ند to	ال ب	, and	in.	to	ft.
≦ " ! ⁻ WE	ELL WATER TO	BE USED AS:	5 Public	water supply	8 Air conditionii	ng 11	Injection well	
I SW SE	1 Domestic	3 Feedlot		d water supply	9 Dewatering		Other (Specify b	
1 1 7 1 7 11	2 Irrigation	4 Industrial		-	Monitoring w	. /		
	as a chemical/ba	cteriological samp	le submitted	to Department?	YesNo	النظر; If yes,	mo/day/yr samp	le was sub-
	itted				later Well Disinfed	ted? Yes	No L	
TYPE OF BLANK CASING USED:		5 Wrought iron	8 C	oncrete tile	CASING J	OINTS: Glued	iClampe	ed
1 Steel 3 RMP (SR)		6 Asbestos-Ceme	nt 9 O	ther (specify bel	ow)	Weld	ed	'
2 PVC 4 ABS	79 76	7 Fiberglass				Threa	aded	
Blank casing diameter in.								ft.
Casing height above land surface	.• i	n., weight		lbs	s./ft. Wall thicknes	s or gauge N	o 2.4V H.C)
TYPE OF SCREEN OR PERFORATION N	/ATERIAL:		(PVC	10 A	sbestos-ceme	ent	
1 Steel 3 Stainless st	eel	5 Fiberglass		RMP (SR)	11 C	ther (specify)		
2 Brass 4 Galvanized	steel	6 Concrete tile	(9 ABS	12 N	one used (op	en hole)	
SCREEN OR PERFORATION OPENINGS	ARE:	5 Ga	uzed wrapp	ed	8 Saw cut		11 None (open	n hole)
1 Continuous slot (3)Mill s	slot	6 Wi	re wrapped		9 Drilled hole	s		
2 Louvered shutter 4 Key p	punched		rch cut	2 (1)	10 Other (spec	;ify)		
SCREEN-PERFORATED INTERVALS:	From30	: 20 ft. to	5.8	بر المراجعة	rom	ft. t	0	ft.
	From	م. م ft. to) <u></u>	ft., Fi., Fi., Fi	rom	ft. t	0	ft.
GRAVEL PACK INTERVALS:	From. 36:	DO ft. to	5.8:7	2.O ft., Fi	rom	ft. t	0	ft.
	From	ft. to		ft., F				ft.
6 GROUT MATERIAL: 1 Neat cem	nent (2	Cement grout	(3)	Bentonite _ /	4 Other			
Grout Intervals: From	to3.3	ft., From	33	ft. to 36	ft., From		ft. to	ft.
What is the nearest source of possible cor					estock pens	14 A	bandoned water	well
1 Septic tank 4 Lateral II	lines	7 Pit privy		11 Fue	el storage	15 C	il well/Gas well	
2 Sewer lines 5 Cess po	ool	8 Sewage	lagoon		tilizer storage	6 60	ther (specify bel	ow)
3 Watertight sewer lines 6 Seepage		9 Feedyard			ecticide storage	Ü	ST	
Direction from well? East		- · · · · · · · · · · · · · · · · · · ·			nany feet? 60)		
	LITHOLOGIC L	OG	FRC		,	PLUGGING I	NTERVALS	
D 50 CLAY	-							
5.0 18.5 Siltysa	nd							
18,5 30.0 Silty cl	layey sano							
30 34.4 silty sar	JQ'							
30 34,4 silty sar 34,4 43,7 clay								
	and							
19.7						~		
				···				
					 			
1					1			
CONTRACTOR'S OR LANDOWNER'S	CERTIFICATIO	N: This water we	ll was (1) co					
completed on (mo/day/year) [2.]					cord is true to the		owledge and bel	ief. Kansas
Water Well Contractor's License No. 54.0	J	This Wate	r Well Reco	rd was complete	d on (mo/day/y	12519	· · · · · ·	
under the business name of Prairie La	and Funitor	mountal kemed	if noise	^C by (sig	nature)			
INSTRUCTIONS: Use typewriter or ball point pen.	. PLEASE PRESS FIF	MLY and PRINT clearly	. Please fill in b	lanks, underline or cit	rcle the correct answers	s. Send top three	copies to Kansas De	partment

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle in 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.