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

(to rectify lacking or incorrect information)

Location listed as:	Location changed to:						
Section-Township-Range: 16-315-3W	13-285-5W						
Fraction (¼ ¼ ¼):	NE NE NE						
Other changes: Initial statements:							
	,						
Changed to: Kingman Count	<i>y</i>						
Comments:							
verification method: Phone call to driller,	well address, area road map						
on internet, and other well r	ecords for same owner.						
A STATE OF THE STA	initials: Adate: 10/14/2005						

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 RE		Form WWC	-5	Division of Water	er Resources; App. No.		
1 LOCATION OF WA		Fraction	111).	Section Number	Township Number		
County: SeaQu	n from nearest town or c	NW4 NW4 N	7011 if	Clobal Positionin	T 31 (S) ng Systems (decimal de	R B EW	
located within city?	ii ironi nearest town of c	ity street address of w	CII II	T -4:41	_		
16959	E 20th .						
2 WATER WELL OV	WNER: Greg K	ampling		Elevation:			
RR#, St. Address, Bo	ox# : 16959 S	E 20th		Datum:			
	Chene.	K.S	<u> </u>	Data Collection	Method:		
3 LOCATE WELL'S	4 DEPTH OF COMP	LETED WELL		ft.			
LOCATION WITH AN "X" IN	Denth(s) Groundwate	r Encountered (1)	16	ft. (2)	ft. (3)		
SECTION BOX:							
N	Pump test data: Well water wasft. after hours pumping gpm						
X T					hours pumping		
NW NE							
W E 1 Domestic 3 Feedlot 6 On hear water supply 9 Dewatering 12 Other (specify below) 2 Irrigation 4 Industrial Domestic (lawn & garden) 10 Monitoring well							
SW SE							
	Was a chemical/bacte	riological sample subi	mitted to	Department? Yes	No;	If yes, mo/day/yrs	
S	Sample was submitted	1	wate	er well disinfected?	Yes		
S S CASING	HCED: 5 Wassalet	Inca 9 Com	amata tila	CACINI	G IODITS: Chad	Clampad	
5 TYPE OF CASING	USED: 5 Wrought 1P (SR) 6 Asbestos	-Cement 9 Othe	r (specify	/ below)	G JOINTS: Glued. Welded	Clamped	
PVC) 4 AB	S 7 Fiberglas	s			Threaded	L	
Blank casing diameter	.5 in. to7.0	ft., Diameter		in. to ft.,	, Diameter	in. toft.	
Casing height above land	i surface	in., weight	QΟ	.lbs./ft. Wall thi	ckness or guage No	26	
TYPE OF SCREEN OR 1 Steel 3 Sta	ainless Steel 5 Fibe)	ABS	11 Other (Specify)		
	Ilvanized Steal 6 Cond			Asbestos-Cement			
SCREEN OR PERFORA					` *	ŕ	
		Guazed wrapped 7			11 None (open h		
SCREEN-PERFORATE	r 4 Key punched 6 V	vire wrapped 8 3	Saw Cut	ft From	ŷ) ft. to		
	From.	ft. to .		ft From	ft. to	ft.	
GRAVEL PAC	K INTERVALS: From	ft. to .	-70	? ft., From	ft. to	ft.	
	From	ft. to .		ft., From	ft. to	ft.	
6 GROUT MATERIA	L: 1 Neat cement 2	Cement grout 6 Be	entonite	4 Other			
Grout Intervals: Fre	omft. to	2.4 ft., From		ft. to f	t., From	ft. toft.	
What is the nearest source							
Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)							
2 Sewer lines 3 Watertight sewer	5 Cess pool Lines 6 Seepage pit					below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas well Direction from well? Out to the second several second several							
FROM TO	LITHOLOGIC	CLOG	FROM	OT 1	PLUGGING INTI	ERVALS	
	psoil					100.00	
17 2 m	lay						
21, 54 1	ed Sand Ed Shale					distinct to the second	
21 54 re 54 56 b	lue Shale		 				
56 70 re							
						- 1	
		· · · · · · · ·	+				
7 CONTRACTOR'S O	R LANDOWNER'S C	ERTIFICATION:	This wate	er well was (1 cons	structed, (2) reconstruc	cted, or (3) plugged	
under my jurisdiction and was completed on (mo/day/year) 8.1.21.05 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) 8.1.23.05							
		This Water			ed on (mo/day/year)	8123105	
Under the business name	Chase a	Drilling		y (signature)	hese		
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.							