

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 NW, SW, SW, sec. 15, T24S, R32W

changed to NW, SW, SW, sec. 15, T29S, R32W

Other changes made:

Initial statements: _____

Changed to: _____

verification method: Written description on form, & Sublette & West of Copeland, KS, 1:24,000 topo maps initials: DRd date: 12/18/98

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: HASKELL	NW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	15	T 24 S	R 32 E/W

Distance and direction from nearest town or city street address of well if located within city?

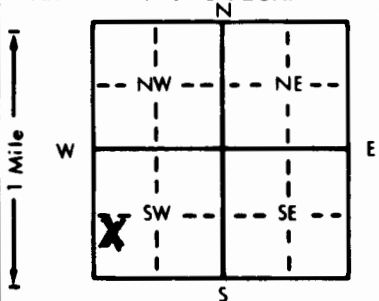
ACT 83156 AT SUBLETTE 3 MILES EAST, $3\frac{1}{4}$ NORTH & EAST INTO LOC.2 WATER WELL OWNER: **ROY FORRESTER**RR#, St. Address, Box #: **P.O. BOX 874**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **SUBLETTE, KS**

Application Number:

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

4 DEPTH OF COMPLETED WELL: **460** ft. ELEVATION:Depth(s) Groundwater Encountered 1. **290** ft. 2. ft. 3. ft.WELL'S STATIC WATER LEVEL **290** ft. below land surface measured on mo/day/yr **01-11-96**Pump test data: Well water was **310** ft. after **1** hours pumping **65** gpmEst. Yield **65** gpm: Well water was ft. after hours pumping gpmBore Hole Diameter **9 1/2** in. to **460** ft., and in. to ft.

WELL WATER TO BE USED AS:

- | | | | | |
|--------------|--------------|--------------------------|--------------------|--------------------------|
| 1 Domestic | 3 Feedlot | 6 Oil field water supply | 9 Dewatering | 12 Other (Specify below) |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only | 10 Monitoring well | |

Was a chemical/bacteriological sample submitted to Department? Yes No **X**; If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED:

- | | |
|---------|------------|
| 1 Steel | 3 RMP (SR) |
| 2 PVC | 4 ABS |

5 Wrought iron

8 Concrete tile

CASING JOINTS: Glued **X** Clamped

6 Asbestos-Cement

9 Other (specify below)

Welded

7 Fiberglass

Threaded

Blank casing diameter **5** in. to **460** ft., Dia in. to ft., Dia in. to ft.Casing height above land surface **24** in., weight **2.902** lbs./ft. Wall thickness or gauge No. **.280 SDR21**

TYPE OF SCREEN OR PERFORATION MATERIAL:

- | | | | | |
|---------|--------------------|-----------------|------------|--------------------------|
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 8 RMP (SR) | 11 Other (specify) |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 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 **400** ft. to **460** ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **300** ft. to **460** 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 HOLE PLUG |
|---------------|----------------|-------------|--------------------------|

Grout intervals: From **0** ft. to **16** 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 | |

Direction from well?

How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	CLAY	408	460	SAND & GRAVEL & CLAY STREAKS
2	8	SANDY CLAY			
8	16	CLAY			
16	61	SANDY CLAY & CLAY			
61	86	SANDY CLAY			
86	113	SAND & GRAVEL			
113	118	SANDY CLAY			
118	238	SAND & GRAVEL			
238	287	CLAY & SAND STREAKS			
287	312	BLUE & GREEN CLAY			
312	347	CLAY & SANDY CLAY STREAKS			
347	363	SAND			
363	365	CLAY			
365	396	SAND & CLAY STREAKS			
396	408	CLAY			

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) **01-11-96** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **KWCL-430** This Water Well Record was completed on (mo/day/yr) **01-11-96**under the business name of **HOWARD DRUG CO. BOX 806 BEAVER, OK 73932** by (signature) *Howard Drug Co.*

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.