

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

(to rectify lacking or incorrect information)

County: Haskell

Location listed as:

Section-Township-Range: 32-95-32 W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE SE NW

Location changed to:

32-295-32 W

SE SE SE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well owner's address, legal description,
city street map, position on plat map, and mapping
tool on KGS website. initials: DR date: 2/25/2008

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.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: Haskell		SE 1/4 SE 1/4 NW 1/4	32	T 9 S	R 32 E	
Distance and direction from nearest town or city street address of well if located within city? Coranco						
2 WATER WELL OWNER: Convenience Plus 117 N Inman Street Sublette, KS						
RR#, St. Address, Box # : City, State, ZIP Code : Board of Agriculture, Division of Water Resources Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 365 ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr				
		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 8 in. to 380 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 MW-1				
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____						
Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____						
<input checked="" type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____						
7 Fiberglass Threaded <input checked="" type="checkbox"/>						
Blank casing diameter 4 in. to 325 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface 0 in., weight 2.071 lbs./ft. Wall thickness or gauge No. .237						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement						
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____						
12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="checkbox"/> 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 325 ft. to 365 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 300 ft. to 365 ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____						
Grout Intervals 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) Contaminated stie						
13 Insecticide storage						
How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		Cement	117	142	Med sd & small gravel w/clay strks
.5	9		Fill sand	142	153	Fine to med sand
9	14		Fine to med sd w/clay lenses	153	190	Med sd & small grav w/clay lenses
14	22		Sandy clay w/clay strks & cal	190	220	Fine to med sd w/yellow ochre strks
			Lenses	220	230	Fine to med sd & small gravel w/
22	35		Clay & caliche w/traces of sd			Yellow ochre lenses
35	46		Sandy clay w/clay strks & cal.	230	245	Fine to some med sd w/traces of
			Lenses			Yellow ochre
46	50		Clay w/caliche strks	245	250	Yellow ochre
50	63		Clay & caliche w/traces of sd	250	258	Fine to some med sd w/yellow ochre
63	69		Clay w/sand strks			Strks
69	74		Fine sd w/clay strks	258	266	Yellow ochre
74	82		Med sd & small grav w/clay strk	266	380	Fine to some med sd w/yellow ochre
82	117		Fine to med sd w/clay lenses			strks
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 10-22-07 and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 11-02-07						
under the business name of Woofery Pump & Well Inc. by (signature) <i>[Signature]</i>						
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

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