

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

(to rectify lacking or incorrect information)

County: Haskell

Location listed as:

Section-Township-Range: 32-9 S-32 W

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

Location changed to:

32-29 S-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: ERL 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/W
Distance and direction from nearest town or city street address of well if located within city? Coranco -Sublette					
2 WATER WELL OWNER: Convenience Plus					
RR#, St. Address, Box # : 117 N. Iman St			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 350 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 420 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) <input checked="" type="checkbox"/> 10 Monitoring well MW-2					
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	
<input checked="" type="checkbox"/> 2 PVC		31 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter 4 in. to 310 ft., Dia				8 Concrete tile	
Casing height above land surface 0 in., weight 2.071 lbs./ft.				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		<input checked="" type="checkbox"/> 8 Saw cut	
1 Continuous slot		3 Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Torch cut	
SCREEN-PERFORATED INTERVALS:		From 310 ft. to 350 ft.		8 Drilled holes	
		From _____ ft. to _____ ft.		9 Other (specify)	
GRAVEL PACK INTERVALS:		From 300 ft. to 350 ft.		10 None used (open hole)	
		From _____ ft. to _____ ft.		11 None (open hole)	
6 GROUT MATERIAL:		1 Neat cement		2 Cement grout	
Grout Intervals From _____ ft. to _____ ft.		3 Bentonite		4 Other	
What is the nearest source of possible contamination:		10 Livestock pens		14 Abandoned water well	
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				15 Oil well/ Gas well	
				16 Other (specify below)	
				Contaminated stle	
How many feet?					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	.5		cement	180	190
.5	10		fill	190	224
10	30		Clay w/caliche w/sd strks	224	235
30	35		Clay & caliche w/traces of sand	235	243
35	42		Clay w/caliche strks	243	250
42	53		Sandy clay w/clay strks	250	261
53	61		Clay & caliche w/traces of sd	261	278
61	70		Sandy clay w/clay strks	278	373
70	93		Fine to med sd w/small gravel		
			& clay lenses	373	400
93	110		Fine to some med sd w/clay len	400	420
110	150		Fine to med sd w/small grav &		
			Clay lenses		
150	180		Med sand w/gravel		
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) 10-18-07 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 Woofter 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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