

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

(to rectify lacking or incorrect information)

Location listed as:

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

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

County: Haskell

Location changed to:

32-29S-32W

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: DRL 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 <u>SE 1/4 SE 1/4 NW 1/4</u>	Section Number <u>32</u>	Township Number <u>T 9 S</u>	Range Number <u>R 32 E</u>	
County: Haskell						
Distance and direction from nearest town or city street address of well if located within city? Coranco -Sublette						
2 WATER WELL OWNER: <u>Convenience Plus</u>						
RR#, St. Address, Box #: <u>117 N. Evans St</u>						
City, State, ZIP Code: <u>Sublette, KS</u>						
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 <u>391</u> 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 <u>8</u> in. to <u>400</u> 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-3				
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted						
Water Well Disinfected? Yes _____ No <u>X</u>						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____						
2 <u>PVC</u> 31 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____						
7 Fiberglass _____ Threaded <u>X</u>						
Blank casing diameter <u>4</u> in. to <u>351</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <u>0</u> in., weight <u>2.071</u> lbs./ft. Wall thickness or gauge No. <u>.237</u>						
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 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 <u>351</u> ft. to <u>391</u> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>300</u> ft. to <u>391</u> 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)						
13 Insecticide storage Contaminated stie						
How many feet?						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		cement			Clay strks
.5	5		Fill sand	120	175	Med sd w/grave & clay lenses
5	20		Clay & caliche w/sand lenses	175	177	Caliche
20	29		Fine sandy clay w/clay strks	177	217	Med sd w/gravel & caliche & clay
29	40		Clay & caliche w/traces of sd	217	260	Black shale
40	45		Sandy clay w/clay lenses	260	287	Fine to med sd w/clay & caliche strks
45	64		Clay w/caliche strks	287	307	Clay & caliche w/sd strks
64	71		Sandy clay w/clay strks	307	318	Fine to med sd w/clay
71	85		Fine to med sd w/small gravel & clay strks	318	324	Clay
				324	380	Fine to med sand w/clay strks
85	95		Fine to med sd w/clay lenses	380	390	Clay w/sand strks
95	113		Fine to some med sand w/clay	390	400	Clay & caliche
			Lenses			
113	120		Fine to med sd w/small 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) <u>10-15-07</u> and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>11-02-07</u>						
under the business name of <u>Woofert Pump & Well Inc.</u> by (signature) <u>[Signature]</u>						
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1800 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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