

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

(to rectify lacking or incorrect information)

County: STANTON

Location listed as:

Section-Township-Range: _____

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

Location changed to:

14-29s-42w

NE SW SW

Other changes: Initial statements: _____

COUNTY WAS LISTED AS JOHNSON

Changed to: _____

Comments: _____

verification method: _____

LOCATION GIVEN BY DRILLER, COUNTY/STATE MAPS

initials: RR

date: 05-20-2008

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.

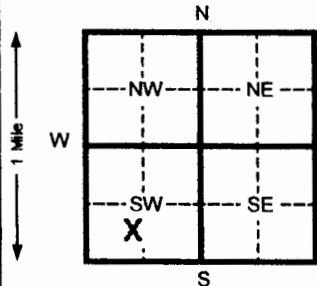
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Johnson	NE 1/4 SW 1/4 SW 1/4	14	T 29 S	R 42 EW

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

Bluestem Env. - Johnson Coop - Railway Ave, Menter, Ks

2 WATER WELL OWNER: Skyline Grain	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: 304 E Highland Ave.	Application Number: Mw-29
City, State, ZIP Code: Johnson, Ks 67855	

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



4 DEPTH OF COMPLETED WELL	85 ft. ELEVATION:		
Depth(s) Groundwater Encountered	1	2	3
WELL'S STATIC WATER LEVEL	ft. below land surface measured on mo/day/yr		
Pump test data:	Well water was	ft. after	hours pumping
Est. Yield	gpm: Well water was	ft. after	hours pumping
Bore Hole Diameter	8 in. to	89 ft. and	in. to
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
	2 Irrigation	4 Industrial	7 Lawn and garden (domestic)
		10 Monitoring well	MW-29
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No X If yes, mo/day/yr sample was submitted			
Water Well Disinfected? Yes <input type="checkbox"/> No X			

5 TYPE OF BLANK CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input type="checkbox"/> Clamped <input type="checkbox"/>
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded <input type="checkbox"/>
2 PVC	4 ABS	7 Fiberglass		Threaded X
Blank casing diameter	4 in. to 60 ft., Dia	in. to	ft., Dia	in. to
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	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
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	
SCREEN-PERFORATED INTERVALS:				
From	60 ft. to	85 ft.	ft. to	ft.
GRAVEL PACK INTERVALS:				
From	57 ft. to	85 ft.	ft. to	ft.

6 GROUT MATERIAL:				
1 Neat cement	2 Cement grout	3 Bentonite	4 Other	
Grout intervals	From 0 ft. to 53 ft.	From 53 ft. to 57 ft.	From	ft. to
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 SITE
Direction from well? How many feet?				

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	13		Silt			
13	35		Clay w/caliche strks			
35	40		Clay & caliche w/traces of sd & Sandstone			
40	48		Clay w/sd strks			
48	53		Fine to med sd w/clay strks			
53	60		Fine to med sd w/small gravel & clay strks			
60	70		Fine to med sd w/clay lenses			
70	89		Fine to med sd w/small gravel & Clay & caliche strks			

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/yr) 4-14-08 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) 4-25-08
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.	

OFFICE USE ONLY

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