

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: EB 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: County: <b>Johnson</b>		Fraction <b>NE ¼ SW ¼ SW ¼</b>	Section Number <b>14</b>	Township Number T <b>29</b> S	Range Number R <b>42</b> EW
Distance and direction from nearest town or city street address of well if located within city? <b>Bluestem Env. - Johnson Coop - Railway Ave, Menter, Ks</b>					
2 WATER WELL OWNER: <b>Skyline Grain</b>		RR#, St. Address, Box #: <b>304 E Highland Ave.</b>		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: <b>Johnson, Ks 67855</b>				Application Number: <b>SVE-5J</b>	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>75</b> 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 <b>8</b> in. to <b>78</b> 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 <input checked="" type="checkbox"/> 12 Other (Specify below) <b>SVE-5J</b> 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well 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 _____	
Blank casing diameter <b>4</b> in. to <b>50</b> ft., Dia _____ in. to _____ ft.		7 Fiberglass _____ in. to _____ ft.		Threaded <input checked="" type="checkbox"/>	
Casing height above land surface <b>0</b> in., weight <b>2.071</b> lbs./ft.		7 PVC <input checked="" type="checkbox"/>		Wall thickness or gauge No. <b>.237</b>	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 7 RMP (SR)		6 Concrete tile 9 ABS		10 Asbestos-cement 11 Other (specify)	
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		7 Torch cut 11 None (open hole)		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)		6 Wire wrapped 9 Drilled holes		10 Other (specify)	
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)					
SCREEN-PERFORATED INTERVALS: From <b>50</b> ft. to <b>75</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>47</b> ft. to <b>75</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other <input type="checkbox"/>					
Grout Intervals From <b>0</b> ft. to <b>43</b> ft. From <b>43</b> ft. to <b>47</b> 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		11 Fuel storage 15 Oil well/ Gas well		12 Fertilizer storage 16 Other (specify below)	
2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage		3 Watertight sewer lines 6 Seepage pit 9 Feedyard		<b>CONTAMINATED SITE</b>	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
<b>0</b>	<b>2</b>		<b>Surface</b>		
<b>2</b>	<b>14</b>		<b>silt &amp; loess</b>		
<b>14</b>	<b>20</b>		<b>Clay &amp; caliche w/traces of sand</b>		
<b>20</b>	<b>25</b>		<b>Clay w/caliche strks</b>		
<b>25</b>	<b>47</b>		<b>Clay &amp; caliche w/sand lenses</b>		
<b>47</b>	<b>60</b>		<b>Fine to med sd w/small gravel &amp; clay &amp; caliche</b>		
<b>60</b>	<b>66</b>		<b>Fine to med sd w/clay lenses</b>		
<b>66</b>	<b>78</b>		<b>Fine to med sd w/clay &amp; caliche strks</b>		
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) <b>4-15-08</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>554</b>		This Water Well Record was completed on (mo/day/yr) <b>4-25-08</b>			
under the business name of <b>Woofter Pump &amp; Well Inc.</b>		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 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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