

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

(to rectify lacking or incorrect information)

County: STANTON

Location listed as:

Location changed to:

Section-Township-Range: _____

14-29s-42w

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

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: ZV 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: Johnson	Fraction NE 1/4 SW 1/4 SW 1/4	Section Number 14	Township Number T 29 S	Range Number R 42 E W
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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: AS-8J
City, State, ZIP Code: Johnson, Ks 67855	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 90 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 93 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)
	2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well AS-8J
	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:	5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
<input type="checkbox"/> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____	
<input checked="" type="checkbox"/> 2 PVC 4 ABS 7 Fiberglass Threaded <input checked="" type="checkbox"/>	
Blank casing diameter 2 in. to 84 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.	
Casing height above land surface 0 in., weight .716 lbs./ft. Wall thickness or gauge No. .154	
TYPE OF SCREEN OR PERFORATION MATERIAL:	<input checked="" type="checkbox"/> 7 PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____	
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes	
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From 84 ft. to 90 ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From 82 ft. to 90 ft. From _____ ft. to _____ ft.	

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Intervals From 0 ft. to 80 ft. From 80 ft. to 82 ft. From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:	10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well	
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage CONTAMINATED SITE	

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	13		silt & loess			
13	20		Clay & caliche w/traces of sd			
20	28		Clay w/caliche strks			
28	48		Clay & caliche w/sd lenses			
48	60		Fine to med sd w/small grave & clay & caliche strks			
60	68		Fine to med sd w/clay lenses			
68	80		Fine to med sd w/small gravel & clay & caliche strks			
80	90		Fine to med sd w/cemented strk & clay & caliche			
90	93		Yellow ochre/black shale			

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) 4-15-08 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.