

**CORRECTION(S) TO WATER WELL RECORD (WWC-5)**  
(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: \_\_\_\_\_

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

County: Phillips

Location ~~changed to:~~

29-2-19W

SW NW SW

Other changes: Initial statements: County was reported as Norton

Changed to: Phillips County

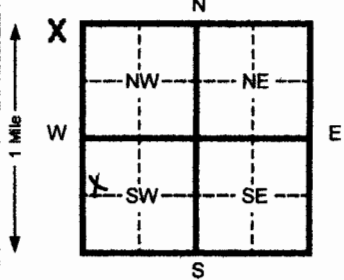
Comments: location of well (in pasture): from Long

Island, 6 miles South, 2 miles East, 3/4 mile South

verification method: call to driller

initials: DA date: 11/28/2007

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>Norton</b>		Fraction <b>SW 1/4 NW 1/4 SW 1/4</b>	Section Number <b>29</b>	Township Number T <b>2</b> S	Range Number R <b>19</b> <b>EW</b>	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: <b>Glen Brands</b> RR#, St. Address, Box #: <b>500 Washington</b> City, State, ZIP Code: <b>Almena, Ks 67622</b> 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 <b>60</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>55</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 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____				
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped 2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ Blank casing diameter <b>4.5</b> in. to <b>40</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>248</b> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 <b>PVC</b> 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 7 <b>Saw cut</b> 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 <b>40</b> ft. to <b>60</b> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>60</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other Grout Intervals From <b>0</b> ft. to <b>20</b> ft. 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 <b>none</b> Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	25		Loess			
25	32		Clay & caliche w/sand lenses			
32	44		Fine to med sd w/clay lenses			
44	55		Yellow ochre			
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>10-08-07</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>10-12-07</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) <i>[Signature]</i>						

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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: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.