

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

(to rectify lacking or incorrect information)

County: Norton

Location listed as:

Location changed to:

Section-Township-Range: 8-25-21 W

8-25-21 W

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): None Given

NE SW NE

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

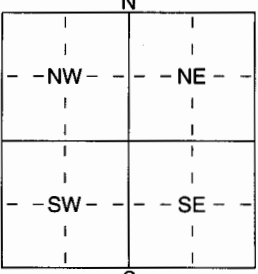
verification method: Written description, city street map, and mapping tool on KGS website.

initials: DRJ date: 10/2/2006

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  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  Section Number 8 Township Number T 2 S Range Number R 21 EW  
 County: Norton  
 Distance and direction from nearest town or city street address of well if located within city? on a piece of ground with Brockton St. on the S. side, Barnack St. on the N. side, Washington St. on the W. side

2 WATER WELL OWNER: Sunflower Pioneer Power Association  
 RR#, St. Address, Box # : \_\_\_\_\_ Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Almena, Kans 67622 Application Number: \_\_\_\_\_

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL ..... 51 ..... ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.  
 WELL'S STATIC WATER LEVEL 27 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  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well .....  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No  ; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes  No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....  
2 PVC 4 ABS 7 Fiberglass ..... Threaded .....  
 Blank casing diameter ..... 5 ..... in. to 31 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... 24 ..... in., weight ..... lbs./ft. Wall thickness or gauge No. SOR 21  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 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 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) ..... ft.  
 SCREEN-PERFORATED INTERVALS: From ..... 31 ..... ft. to ..... 51 ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grout Intervals: From g.m ..... ft. to 20 ..... ft., From ..... ft. to ..... 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 Nothing  
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	35	Top Soil & Clay			
35	37	Sand			
37	43	Sand & loose flint			
43	47	Sand & small gravel			
47	51	Ochre			

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/year) 9-19-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 428 This Water Well Record was completed on (mo/day/yr) 10-6-05 under the business name of STALDER DRILLING by (signature) Jerry S. Stalder

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.