

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

(to rectify lacking or incorrect information)

County: Sumner

Location listed as:

Location changed to:

Section-Township-Range: 18-30S-1W

13-30S-1W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE SE NW

SE SE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, position on plat map,
location of Arkansas River alluvial aquifer, and
Belle Plaine 1:24,000 topo. map. initials: ARL date: 4/4/2005

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: <u>Sumner</u>	<u>SE ¼ SE ¼ NW ¼</u>	<u>18</u>	<u>T 30 S</u>	<u>R 1</u>	<u>NW</u>

Distance and direction from nearest town or city street address of well if located within city?
2½ miles South, ½ mile West of Peck

2 WATER WELL OWNER: Kyle McAdam
RR#, St. Address, Box # : 1255 Ninnescah Rd.
City, State, ZIP Code : Peck, KS 67120

Board of Agriculture, Division of Water Resources
Application Number: 42040

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

1 Mile	N
	NW NE SW SE
W	E
	S

X

4 DEPTH OF COMPLETED WELL: 50 ft. **ELEVATION:** _____
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL: 20 ft. below land surface measured on mo/day/yr 6-3-98.
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 . . . 30 in. to 50 ft., and _____ in. to _____ ft.
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 Lawn and garden only 10 Monitoring well _____
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was sub-
mitted _____
Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below) _____	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter . . . 16 in. to 30 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface . . . 12 in., weight SCH40 lbs./ft. Wall thickness or gauge No. . . 500

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) _____
			9 ABS	12 None used (open hole)

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	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From . . . 30 ft. to 50 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From . . . 50 ft. to 20 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Hole Plug

Grout Intervals: From . . . 20 ft. to 0 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	<u>None</u>

Direction from well? N/A How many feet? N/A

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top Soil			
2	12	Brownish Red Clay			
12	25	Clay & Fine Sand Mix			
25	35	Fine Sand w/streaks of Clay			
35	45	Medium Sand & Gravel			
45	50	Medium to coarse Sand & Gravel			

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) . . . 6-3-98 . . . and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. 134 . . . This Water Well Record was completed on (mo/day/yr) . . . 6-20-98
under the business name of Rosencrantz-Bemis Ent. Inc. by (signature) Alicia Coffey

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.