

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: 14-30-43

14-30 S-43 W

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

SE NE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Legal description, position on plat map, and mapping tool on KGS website.

initials: DRB date: 6/9/2008

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: STANTON	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 14	Township Number T 30 S	Range Number R 43 E/W
---	---	-----------------------------	----------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER:
 RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : _____ Application Number: _____

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

	4 DEPTH OF COMPLETED WELL 300 ft. ELEVATION: 35.42 Depth(s) Groundwater Encountered 1 29-61 ft. 2 78-89 ft. 3 169-300 ft. WELL'S STATIC WATER LEVEL 120 ft. below land surface measured on mo/day/yr 4-29-08 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: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Domestic (lawn & garden) <input type="checkbox"/> 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 _____
--	--

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter **5** in. to **2.22** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface **1.8** in., weight _____ lbs./ft. Wall thickness or guage No. **SDR 21**

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) _____	ft.

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

Grout Intervals: From **-4** ft. to **2.22** 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	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	SURFACE			
3	17	Brown clay			
17	29	TAN SAND & BROKEN ROCK			
29	61	yellow-TAN SANDROCK			
61	78	TAN-WHITE clay			
78	89	TAN yellow SANDROCK			
89	169	Blue SHALE			
169	300	GRAY SANDROCK			

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) **4-29-08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. _____ This Water Well Record was completed on (mo/day/yr) _____ under the business name of _____ by (signature) **Spencer Hegwood**