

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

(to rectify lacking or incorrect information)

County: Clark

Location listed as:

Section-Township-Range: None Given

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

Location changed to:

30-34 S-23 W

N2 SE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, and Ashland SE

1:24,000 topo. map.

initials: DRD date: 12/7/2006

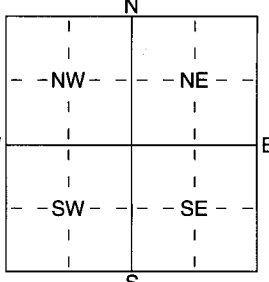
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1 LOCATION OF WATER WELL: County: Clark	Fraction 1/4 1/4 1/4	Section Number	Township Number T S R E/W	Range Number
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Distance and direction from nearest town or city street address of well if located within city?
N 37° 03.434' = 37° 03' 26.04"
W 099° 51.701' = 99° 51' 42.06"

2 WATER WELL OWNER: **Dunne Ranch #2**
 RR#, St. Address, Box # :
 City, State, ZIP Code : **Ashland, KS 67831**
 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 **60** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.
 WELL'S STATIC WATER LEVEL **6** ft. below land surface measured on mo/day/yr **9-13-06**
 Pump test data: Well water was **6** ft. after **1** hours pumping **3.0** gpm
 Est. Yield **100** gpm: Well water was ft. after hours pumping gpm
 WELL WATER TO BE USED AS:
 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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:
 1 Steel 3 RMP (SR)
 2 PVC 4 ABS
 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing diameter **5** in. to **40** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface **24** in., weight lbs./ft. Wall thickness or gauge No. **200 #**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 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 Mill slot 5 Guazed 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 **40** ft. to **60** ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **10** ft. to **60** ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other
 Grout Intervals: From **top** ft. to **10** 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	Sand			
3	6	black clay			
6	60	sand + gravel			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **9-18-06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **101** This Water Well Record was completed on (mo/day/yr) **9-20-06** under the business name of **Bartel Well Drilling, Inc.** by (signature) **Ruben J. Bartel**

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.