

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

LOCATION OF WATER WELL: County: _____	Fraction _____ 1/4 _____ 1/4 _____ 1/4 _____ 1/4	Section _____	Township T _____ S	Range R _____ <input type="checkbox"/> E <input type="checkbox"/> W
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Owner: _____

Location was listed as:

Sec. _____ T _____ S R _____ E W

Fraction: _____

Location changed to:

Sec. _____ T _____ S R _____ E W

Fraction: _____

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

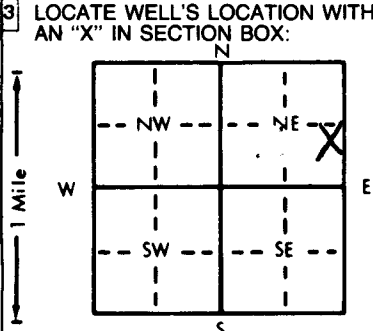
Verification method: _____

_____ initials: _____ date: _____

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 NE 1/4 SE 1/4 NE 1/4 Section Number 33 Township Number T 34 S Range Number R 33 EW
 County: Seward
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: U-Pump-It Liberal, KS 67901
 RR#, St. Address, Box # :
 City, State, ZIP Code :
 Board of Agriculture, Division of Water Resources
 MW # 11 Application Number:



4 DEPTH OF COMPLETED WELL: 170 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: 140.60 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: 8 in. to 170 ft., and in. to ft.
 WELL WATER TO BE USED AS:
 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 XX; If yes, mo/day/yr sample was sub-
 mitted Water Well Disinfected? Yes No XX

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
 2 PVC 4 ABS 7 Fiberglass Welded
 6 Asbestos-Cement 9 Other (specify below) Threaded X
 Blank casing diameter in. to 140 ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface: 0 in., weight 2.071 lbs./ft. Wall thickness or gauge No. 237
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 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 140 ft. to 170 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From 138 ft. to 170 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 0 ft. to 136 ft., From 136 ft. to 140 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) Contaminated site
 13 Insecticide storage

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	cement	150	151	hard caliche
6	10	louess	151	154	med sand w/clay
10	21	hard clay & caliche	154	157	caliche & cement sand
21	31	fine sand	157	170	hard sand stone w/cemented sand
31	40	hard clay & caliche			
40	44	sandy clay w/caliche & some sand, fairly hard			
44	60	fine sand w/clay & caliche, fairly hard			
60	65	clay & caliche, fairly hard			
65	92	fine to med sand w/caliche strks			
92	96	med sand w/clay			
96	102	sandy clay & caliche w/some sand			
102	106	med sand & clay			
106	116	sandy clay			
116	150	sandy clay & caliche, fairly hard			

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) 1-9-99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554. This Water Well Record was completed on (mo/day/yr) 1-29-99 under the business name of Woofter Pump & Well Inc. by (signature) [Signature]

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.

OFFICE USE ONLY
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SEC.
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