

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

County: Cloud

Location listed as:

Location ~~changed to:~~

Section-Township-Range: _____

4-55-2W

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

SW SE NE

Other changes: Initial statements: DWR Application No: 43923

Changed to: 43933

Comments: _____

verification method: Information in WIMAS water rights database.

initials: ERL date: 3/15/2011

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.

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction SW 1/4 SE 1/4 NE 1/4	Section Number 4	Township Number T 5 S	Range Number R 2 XXW
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Distance and direction from nearest town or city street address of well if located within city?
5 miles North & 6 miles East of Concordia, KS

2 WATER WELL OWNER: Arden Krohn	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: RR 2, Box 286	Application Number: 43,923
City, State, ZIP Code: Clyde, KS 66938	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 98 ft. ELEVATION: _____
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Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **38** ft. below land surface measured on mo/day/yr **4/19/00**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield **200** gpm: Well water was **66** ft. after **2** hours pumping **175** gpm

Bore Hole Diameter **12** in. to **99** 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
<input checked="" type="checkbox"/> Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		12 Other (Specify below)

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 <input checked="" type="checkbox"/> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass	_____ Welded _____
Blank casing diameter 8 in. to 58 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			_____ Threaded _____
Casing height above land surface 12 in., weight 5.72 lbs./ft. Wall thickness or gauge No. 332			
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
			11 Other (specify) _____
			12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut
1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____
			11 None (open hole)
SCREEN-PERFORATED INTERVALS: From 58 ft. to 98 ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From 20 ft. to 98 ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> Bentonite	4 Other _____
Grout intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination: None within 1/2 mile		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	

Direction from well?		LITHOLOGIC LOG		PLUGGING INTERVALS	
FROM	TO	FROM	TO	FROM	TO
0	4				
		Topsoil			
4	17				
		Tan Sandy Clay			
17	30				
		Red Sandstone			
30	37				
		Sandstone and Iron Pyrite			
37	38				
		Gray Shale			
38	96				
		Tan Sandstone, Soft			
96	99				
		Gray Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 4/21/00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138 This Water Well Record was completed on (mo/day/yr) 5/2/00 under the business name of PETERSON IRRIGATION, INC. by (signature) <i>Mike Peters</i>

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 T R E W SEC. 1/4 1/4 1/4