

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

(to rectify lacking or incorrect information)

Location listed as:

County: Norton

Location ~~changed to~~:

Section-Township-Range: _____

33-55-22 W

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

NW NE SE

Other changes: Initial statements: Graham County

Changed to: Norton County

Comments: _____

verification method: Written & legal descriptions, location of oil well
for same owner nearby, position on plat map, and
mapping tool on KGS website. initials: DRL date: 12/11/2006

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:		Fraction	Section Number		Township Number		Range Number	
County: Graham		NW $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$	33		T 5 S		R 22 EW	
Distance and direction from nearest town or city street address of well if located within city? Ritchie Exploration								
2 WATER WELL OWNER: Doris Minks								
RR#, St. Address, Box #: 2507 Fort St.								
City, State, ZIP Code: Hays, Ks 67601								
Board of Agriculture, Division of Water Resources Application Number: 20060441								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL 180 ft. ELEVATION:					
			Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.					
			WELL'S STATIC WATER LEVEL na 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 180 ft. and _____ in. to _____ ft.					
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)								
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well								
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted								
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 X Clamped								
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____								
7 Fiberglass _____ Threaded _____								
Blank casing diameter 4.5 in. to 140 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.								
Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. .248								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 5 Gauzed wrapped 8 Saw cut 11 None (open hole)								
2 Louvered shutter 3 Mill slot 6 Wire wrapped 9 Drilled holes								
4 Key punched 7 Torch cut 10 Other (specify) _____								
SCREEN-PERFORATED INTERVALS: From 140 ft. to 180 ft. From _____ ft. to _____ ft.								
GRAVEL PACK INTERVALS: From 20 ft. to 180 ft. From _____ ft. to _____ ft.								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 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:								
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) none								
13 Insecticide storage								
Direction from well? _____ How many feet? _____								
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
0	2		Surface	172	180	Yellow ochre		
2	23		Loess					
23	37		Clay w/sand stone strks & Caliche lenses					
37	50		Fine sand w/sand stone strks					
50	63		Clay w/caliche & sd strks					
63	70		Fine to med sand					
70	80		Clay & caliche w/sand strks					
80	91		Clay & caliche					
91	105		Clay w/fine sd strks & sdstone					
105	140		Fine sand w/clay strks					
140	160		Clay & caliche w/fine sand strks					
160	170		Clay & caliche w/fine sd strks					
170	172		flint					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 11-16-06 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) 11-16-06								
under the business name of 11-17-06 by (signature) <i>Jay C. Winters</i>								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								

OFFICE USE ONLY

T

R

SEC