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

County: Decatur

Location listed as:	**Location changed to:**
Section-Township-Range: 32-55-36W	32-55-26W
Fraction (¼ ¼ ¼): SW NW SE	SW NW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: Owner of M W Enterprises is Jim Mader.

verification method: Referral to WIMAS database using water rights numbers, phone call to water well contractor, and mapping tool on KGS website. initials: DRL date: 6/23/2006

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.

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

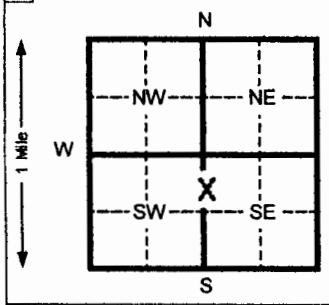
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Decatur**	**SW** ¼ **NW** ¼ **SE** ¼	**32**	T **5** S	R **36** E/W

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

2 WATER WELL OWNER: **M W ENTERPRISES LLC**
RR#, St. Address, Box # : **108 Birch St.**
City, State, ZIP Code : **Wayne, Neb 68787**

Board of Agriculture, Division of Water Resources
Application Number: **DC-007 & 7370**

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



4 DEPTH OF COMPLETED WELL **92** ft. ELEVATION: _____
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **20** 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 **28** in. to **92** 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped ____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
[2] PVC 4 ABS 7 Fiberglass _____ Threaded _____
Blank casing diameter **16** in. to **32** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **24** in., weight **16.15** lbs./ft. Wall thickness or gauge No. **.500**

TYPE OF SCREEN OR PERFORATION MATERIAL: [7] PVC 10 Asbestos-cement
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: 5 Gauzed wrapped [8] Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **32** ft. to **92** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **20** ft. to **02** 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 **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)
13 Insecticide storage
Direction from well? **se** How many feet? **70**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	89	92	Black shale
2	6		Loess			
6	25		Clay			
25	35		Clay w/a few fine sand strks			
35	38		Clay & caliche w/sand strks			
38	50		Cemented sand			
50	57		Fine to med sd & med gravel			
			w/clay lens (loose)			
57	59		Clay			
59	71		Fine to some med sd loose			
71	72		Yellow ochre			
72	81		Fine to med sd w/yellow ochre			
			Strks (sand-semi loose)			
81	89		Grey shale			

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/yr) **5-30-06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ~~556~~ 554 This Water Well Record was completed on (mo/day/yr) **6-2-06**
under the business name of **Woofter Pump & Well Inc.** by (signature) Jay C Woofter

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.

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