

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction ( 1/4 1/4 1/4) Section-Township-Range changed:

listed as SW SW SW, 35-5-65-1

changed to SW SW SW, 35-65-1W

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: written & legal description, position on plat map,  
and Clyde & Miltonvale NW 1:24,000 topo. map initials: RR date: 6/23/2000

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1 LOCATION OF WATER WELL: County: <b>Cloud</b>	Fraction <b>SW ¼ SW ¼ SW ¼</b>	Section Number <b>35</b>	Township Number <b>T -5-6- S</b>	Range Number <b>R 1 E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**7 ½ South of Clyde**

2 WATER WELL OWNER: <b>Travis LeClair</b> RR#, St. Address, Box # : <b>310 S Bortan Ave.</b> City, State, ZIP Code : <b>Clyde, KS. 66938</b>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <b>106</b> ft. ELEVATION: .....
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Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL **30** ft. below land surface measured on mo/day/yr **5/23/00**

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

Est. Yield **20** gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter **10** in. to **10.7** 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	<b>Hog Building</b>

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 * Clamped
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1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
2 PVC	4 ABS	7 Fiberglass		Threaded

Blank casing diameter **5** in. to **4.6** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface **18** in., weight **160** lbs./ft. Wall thickness or gauge No. **214**

TYPE OF SCREEN OR PERFORATION MATERIAL:		<b>7 PVC</b>	10 Asbestos-cement
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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	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 **46** ft. to **66** ft., From ..... ft. to ..... ft.

From **86** ft. to **106** ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From **30** ft. to **106** ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<b>3 Bentonite</b>	4 Other
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Grout Intervals: From **5** ft. to **30** 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	<b>10 Livestock pens</b>	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? **NE**  
How many feet? **100'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Topsoil			
1	14	Tanc Clay			
14	25	Brown Clay			
25	33	Sandstone			
33	40	Tan Clay			
40	50	Sandstone			
50	51	Ironstone			
51	54	Sandstone			
54	57	Gray Clay			
57	83	Red Clay			
83	98	Gray Clay			
98	107	Sandstone			
107		Gray 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/year) <b>5/23/00</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>518</b> . This Water Well Record was completed on (mo/day/yr) <b>6/1/00</b> under the business name of <b>Blue Valley Drilling</b> by (signature) <i>[Signature]</i>
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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.

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