

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 NW NW

changed to NW NW NW 20-7S-12W

Other changes: Initial statements: _____

Changed to: _____

Comments: per Brian Hillblom

MPS Engineers

verification method: _____

initials: UH date: 12/20/20

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: <u>Osborne</u>		Fraction <u>SW 1/4 NW 1/4 NW 1/4</u>		Section Number <u>20</u>		Township Number <u>T 7 S</u>		Range Number <u>R 12 E</u>			
Distance and direction from nearest town or city street address of well if located within city? <u>200 S. 1st St. Osborne, KS</u>											
2 WATER WELL OWNER: <u>Cornet Cap Board</u> RR#, St. Address, Box #: <u>200 South 1st</u> City, State, ZIP Code: <u>Osborne, KS</u>											
Board of Agriculture, Division of Water Resources Application Number: <u>MW 3</u>											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>35</u> ft. ELEVATION: <u>1548.02</u>									
		Depth(s) Groundwater Encountered 1. <u>21.66</u> ft. 2. _____ ft. 3. _____ ft.									
		WELL'S STATIC WATER LEVEL <u>21.66</u> ft. below land surface measured on mo/day/yr <u>11/4/99</u>									
		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 <u>8"</u> in. to <u>35'</u> 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 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only <u>10 Monitoring well</u>									
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____									
		Water Well Disinfected? Yes _____ No <u>X</u>									
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter <u>7</u> in. to <u>15</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>Flush</u> in. weight _____ lbs./ft. Wall thickness or gauge No. _____											
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE: <u>1</u> 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 <u>35</u> ft. to <u>15</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From <u>35</u> ft. to <u>14</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____ Grout Intervals: From <u>14</u> ft. to <u>1</u> 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 <u>10 Fuel storage</u> 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____											
Direction from well? <u>Southeast</u> How many feet? <u>70</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
<u>0</u>		<u>35</u>		<u>Brown silty clay</u>							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>8-18-99</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>634</u> This Water Well Record was completed on (mo/day/yr) <u>11/5/99</u> under the business name of <u>Shirley Enwa Testly LLC</u> by (signature) <u>[Signature]</u>											
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.											