

CORRECTION TO WATER WELL RECORD (WWC-5)

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

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

listed as SW SE SE, 2-175-30W

changed to SW SE SE, 2-75-30W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well owner's address, county, legal description,
and Rexford 1:24,000 topo. map.

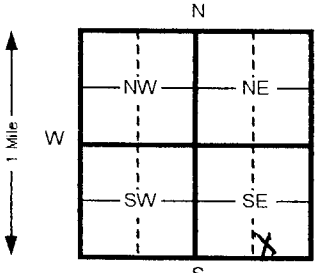
initials: DRA date: 12/20/2002

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: Fraction **SW 1/4 SE 1/4 SE 1/4** Section Number **2** Township Number **T 17 S** Range Number **R 30 E**
 County: **Sheridan**

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

2 WATER WELL OWNER: **Mike Beckman**
 RR#, St. Address, Box #: **HC 1, Box 45** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Selden, KS 67757** Application Number:

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


4 DEPTH OF COMPLETED WELL **150** 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 **150** 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 **110** 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 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)
 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 **110** ft. to **150** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **150** 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 **none**

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	112	120	Fine to some med sand w/hard caliche str
2	8		Loess			
8	13		Clay	120	125	Chert
13	23		Fine to med sand	125	133	Fine sand
23	35		Clay	133	147	Fine to med sand
35	46		Fine to med sand & gravel	147	150	Yellow ochra
46	56		Sandy clay			
56	66		Fine to med sand			
66	71		Fine sand & caliche			
71	85		Caliche & clay			
85	96		Sandstone clay & caliche			
96	102		Fine to med sand w/clay lens			
102	112		Sandstone, fine sand str w/clay lens			

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) **07/09/02** 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) **07/15/02** under the business name of **Woofter Pump & Well, Inc.** by (signature) *[Signature]*
 INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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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