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

County: Thomas

Location listed as:	**Location changed to:**
Section-Township-Range: 7- 7S-31W	7- 7S-31W
Fraction (¼ ¼ ¼): None Given	SE SE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, Google Earth, and mapping tool on KGS website.

initials: RBL date: 8/10/10

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

Division of Water Resources; App. No. ____

1 LOCATION OF WATER WELL: County: Thomas | Fraction: ¼ ¼ ¼ | Section Number: 7 | Township Number: T 7 S | Range Number: R 31 E/W

Distance and direction from nearest town or city street address of well if located within city?
Straight North of Breton Elv.

2 WATER WELL OWNER: Mike McCarty
RR#, St. Address, Box #: 306 Bird Ave
City, State, ZIP Code: Bird City, KS 67731

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: ____
Longitude: ____
Elevation: ____
Datum: ____
Data Collection Method: ____

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

N / W / E / S — NW, NE, SW, SE (X in SE)

4 DEPTH OF COMPLETED WELL 195 ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL 155 ft. below land surface measured on mo/day/yr. 8-14-09
Pump test data: Well water was.....ft. after..... hours pumping..... gpm
Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm

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 Domestic (lawn & garden) 10 Monitoring well .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No ; If yes, mo/day/yrs
Sample was submitted..... Water well disinfected? Yes ..... No .....

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
2 PVC 4 ABS 7 Fiberglass Threaded

Blank casing diameter 4 in. to 155 ft., Diameter. ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 12 in., Weight 200 lbs./ft. Wall thickness or guage No. .214

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) .....
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From 155 ft. to 195 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 0 ft. to 5 ft., From ..... ft. to ..... ft.
From 25 ft. to 195 ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....
Grout Intervals: From 5 ft. to 25 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 13 Insecticide storage 16 Other (specify below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well .....
Direction from well? ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20	top Soil Sand			
20	40	Sand clay			
40	60	Sand clay Small med Gravel			
60	100	Sand Small med large Gravel			
100	120	Sand clay Small med Gravel			
120	140	little clay Little Gravel lots Sand			
140	160	clay Sand meg Small med Large Gravel			
160	180	Sand clay meg Small med Large Gravel			
180	195	clay Small med gravel flint			

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) 8-17-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 701 This Water Well Record was completed on (mo/day/year) 10-6-09 under the business name of Wilcox Well Drilling by (signature) Richard Wilcox

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212