

CORRECTION(S) TO WATER WELL RECORD (Form WWC-5)

(to rectify lacking or incorrect information)

LOCATION OF WATER WELL: County: <u>Thomas</u>	Fraction <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	Section <u>36</u>	Township T <u>7</u> S	Range R <u>34</u> ☐ E ☒ W
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Owner: City of Colby

Location was listed as:
Sec. 36 T 7 S R 34 ☐ E ☒ W
Fraction: SW SW SE

Location changed to:
Sec. 36 T 7 S R 34 ☐ E ☒ W
Fraction: SW SW SE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: Constructed record of SVE 4 S

Verification method: Interactive Map and correspondents with MILCO Environmental Services, Inc.

initials: DRL date: 11-17-2016
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.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Thomas	SW ¼ SW ¼ SE ¼	36	T 7 S	R 34	EW

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

Colby Public Power, Colby, Kansas

2	WATER WELL OWNER: City of Colby	
RR#, St. Address, Box #	: 585N. Franklin	Board of Agriculture, Division of Water Resources
City, State, ZIP Code	: Colby, Kansas 67701	Application Number:

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

1 Mile

W E

N S

NW NE SW SE

X

4 DEPTH OF COMPLETED WELL 33 ft. ELEVATION: 999
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr
 Pump test data: Well water was NA ft. after hours pumping gpm
 Est. Yield .. NA .. gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter ... 12 ... in. to ... 33 ... 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 10 Monitoring well
 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
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 13 ft, Dia in. to ft, Dia in. to ft

Casing height above land surface 0 in., weight Sch 40 lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL		7 PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	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 13 ft to 33 ft, From ft to ft

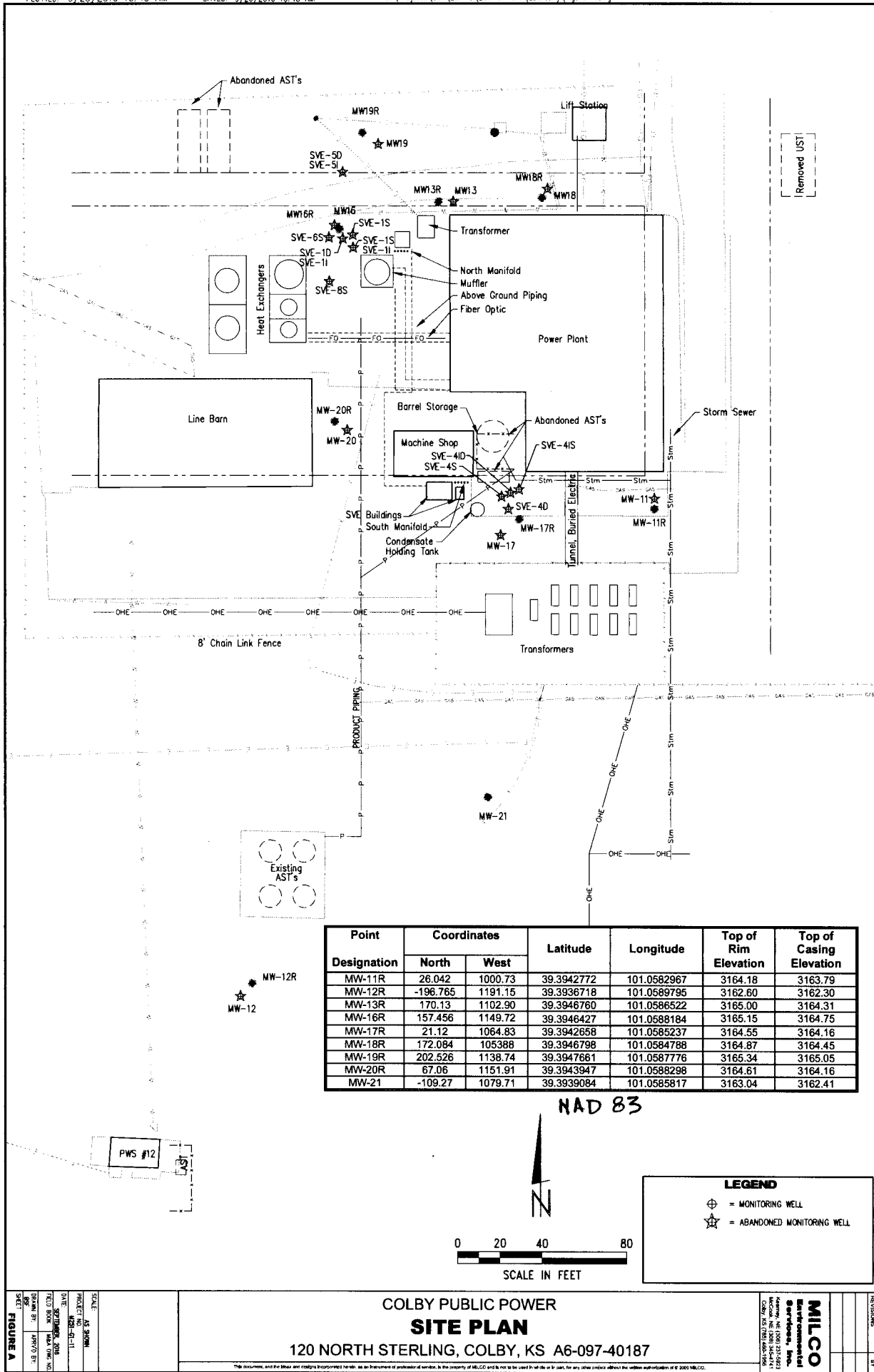
GRAVEL PACK INTERVALS: From 11 ft to 33 ft, From ft to ft

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Sand
Grout Intervals: From 0 ft to 3 ft, From 3 ft to 7 ft, From 7 ft to 11 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)
Direction from well? North How many feet? 10 Former Tank Basin

[illegible]

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) 12/9/98 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 1/14/99
under the business name of GeoCore Services, Inc. by (signature) [Signature]

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.



(per surveyor via driller)