

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 ID

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 E/W

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

N

W E

NW NE

SW SE

X

S

4 DEPTH OF COMPLETED WELL 110 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 117 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well
		12 Other (Specify below)

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 80 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 Will 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 80 ft to 110 ft, From ft to ft

From ft to ft, From ft to ft

GRAVEL PACK INTERVALS: From 77.5 ft to 110 ft, From ft to ft

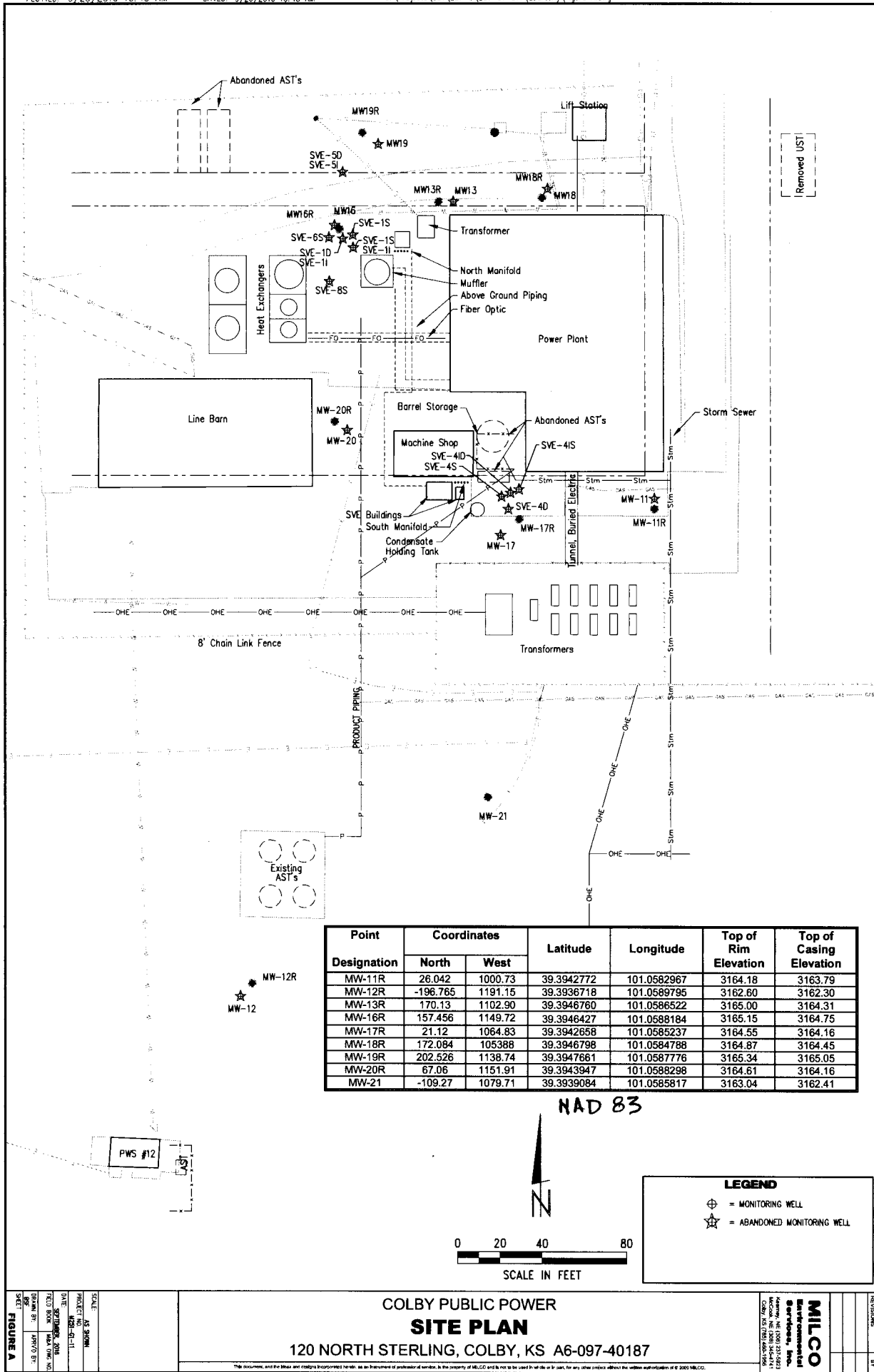
From ft to ft, From ft to ft

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Sand
Grout Intervals: From 0 ft to 3 ft, From 3 ft to 73 ft, From 73 ft to 77.5 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 13 Insecticide storage ... Former Tank Basin...
How many feet? 15

Direction from Well:		North	LITHOLOGIC LOG		PLUGGING INTERVALS	
FROM	TO		FROM	TO		
0	2	Clay, Gravel, Sand, Debris,				
2	5	Clay, Brown				
5	33	Silt, Gray				
33	38	Clay, Gray				
38	46	Sand, Gray				
46	76	Sand, Gray				
76	83	Clay, Gray Green				
83	94	Sand, Brown				
94	108	Sand, Brown				
108	117	Sand, Brown/trace Gray				
					SVE4ID , Tag # ,	
					Project Name: Colby Public Power	
					GeoCore # 740 , KDHE # A6 097 40187	

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) 12/2/98 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) *Geo. Ball*

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)