

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

(to rectify lacking or incorrect information)

County: Graham

Location listed as:

Section-Township-Range: 8-35-19

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NE SW SW

Location changed to:

4-85-22W

NE SW NE

Other changes: Initial statements: 2 miles North and 4 miles West of Hill City, KS.

Changed to: 2 miles North and 4 miles East of Hill City, KS.

Comments: _____

verification method: Phone call to well contractor, and county ownership map.

initials: DRd date: 10/3/2006

| | | | | |
|--|----------------------------------|----------------------------|---------------------------------|--------------------------------|
| 1 LOCATION OF WATER WELL: County: GRAHAM | Fraction NE 1/4 SW 1/4 SW 1/4 | Section Number 8 | Township Number T 3 S | Range Number R 19 EW |
|--|----------------------------------|----------------------------|---------------------------------|--------------------------------|

Distance and direction from nearest town or city street address of well if located within city?
2 miles North and 4 miles West of HILL CITY KS

2 WATER WELL OWNER: **TERRY DAVIS**
 RR#, St. Address, Box # : **342 N. RIDGEWOOD** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **WICHITA KS 67208** Application Number:

| | |
|--|---|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL: 26 ft. ELEVATION: |
|--|---|

Depth(s) Groundwater Encountered **1** **20** ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL **20** ft. below land surface measured on mo/day/yr **4-6-98**

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield **10** gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter: **10** in. to **26** ft., and in. to ft.

WELL WATER TO BE USED AS:

| | | | | |
|--|---------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> 3 Feedlot | <input type="checkbox"/> 6 Oil field water supply | <input type="checkbox"/> 9 Dewatering | <input type="checkbox"/> 12 Other (Specify below) |
| <input type="checkbox"/> 2 Irrigation | <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> 7 Lawn and garden only | <input type="checkbox"/> 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:

| | | | | |
|---|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 RMP (SR) | <input type="checkbox"/> 5 Wrought iron | <input type="checkbox"/> 8 Concrete tile | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped |
| <input checked="" type="checkbox"/> PVC | <input type="checkbox"/> 4 ABS | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 9 Other (specify below) | Welded |
| | 5 | <input type="checkbox"/> 7 Fiberglass | | Threaded |

Blank casing diameter in. to **20** ft., Dia in. to ft., Dia in. to ft.

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

TYPE OF SCREEN OR PERFORATION MATERIAL: PVC

| | | | | |
|----------------------------------|---|--|-------------------------------------|---|
| <input type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 Stainless steel | <input type="checkbox"/> 5 Fiberglass | <input type="checkbox"/> 8 RMP (SR) | <input type="checkbox"/> 10 Asbestos-cement |
| <input type="checkbox"/> 2 Brass | <input type="checkbox"/> 4 Galvanized steel | <input type="checkbox"/> 6 Concrete tile | <input type="checkbox"/> 9 ABS | <input type="checkbox"/> 11 Other (specify) |
| | | | | <input type="checkbox"/> 12 None used (open hole) |

SCREEN OR PERFORATION OPENINGS ARE:

| | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> 1 Continuous slot | <input checked="" type="checkbox"/> Mill slot | <input type="checkbox"/> 5 Gauzed wrapped | <input type="checkbox"/> 8 Saw cut | <input type="checkbox"/> 11 None (open hole) |
| <input type="checkbox"/> 2 Louvered shutter | <input type="checkbox"/> 4 Key punched | <input type="checkbox"/> 6 Wire wrapped | <input type="checkbox"/> 9 Drilled holes | |
| | 20 | <input type="checkbox"/> 7 Torch cut | <input type="checkbox"/> 10 Other (specify) | |

SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **20** ft. to **26** ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 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:

| | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> 1 Septic tank | <input type="checkbox"/> 4 Lateral lines | <input type="checkbox"/> 7 Pit privy | <input type="checkbox"/> 10 Livestock pens | <input type="checkbox"/> 14 Abandoned water well |
| <input type="checkbox"/> 2 Sewer lines | <input type="checkbox"/> 5 Cess pool | <input type="checkbox"/> 8 Sewage lagoon | <input type="checkbox"/> 11 Fuel storage | <input type="checkbox"/> 15 Oil well/Gas well |
| <input type="checkbox"/> 3 Watertight sewer lines | <input type="checkbox"/> 6 Seepage pit | <input type="checkbox"/> 9 Feedyard | <input type="checkbox"/> 12 Fertilizer storage | <input type="checkbox"/> 16 Other (specify below) |
| | | | <input type="checkbox"/> 13 Insecticide storage | |

| Direction from well? | | | How many feet? | | |
|----------------------|----|------------------|----------------|----|--------------------|
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| 0 | 5 | SURFACE CLAY | | | |
| 5 | 15 | HARD YELLOW CLAY | | | |
| 15 | 26 | MED SAND | | | |
| 26 | 27 | BLUE SHALE | | | |
| | | | | | |
| | | | | | |
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **4-6-98** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **444** This Water Well Record was completed on (mo/day/yr) **4-6-98** under the business name of **ANDY ANDERSON DRILLING** by (signature) *Cindy Anderson*

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.

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