

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 9-T85-R39W

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

County: Sherman

Location changed to:

19-T85-R39W

SE NE SE

Other changes: Initial statements: _____

Changed to: Section is 19, not 9

Comments: 19 matches plugging records and city map of Goodland.

verification method: _____

initials: DAH date: June 15, 2005

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: SHERMAN	SE ¼ NE ¼ SE ¼	9	T 8 S	R 39 E/W

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

2 WATER WELL OWNER: **Coastal Mart # 1362**RR#, St. Address, Box #: **316 E 17**

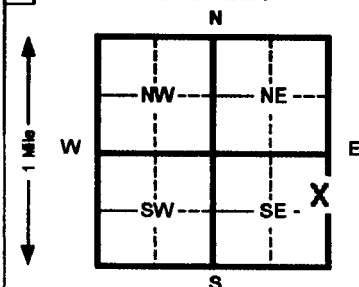
Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **Goodland, Ks 67735**

MW #1

Application Number:

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

4 DEPTH OF COMPLETED WELL **206** ft. ELEVATION:

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

WELL'S STATIC WATER LEVEL **189** 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 **215** 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 wellWas a chemical/bacteriological sample submitted to Department? Yes No **X** If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes No **X**

5 TYPE OF BLANK CASING USED:

1 Steel

3 RMP (SR)

5 Wrought Iron

8 Concrete tile

CASING JOINTS: Glued Clamped

2 PVC

4 ABS

6 Asbestos-Cement 9 Other (specify below)

Welded

7 Fiberglass

Threaded **X**Blank casing diameter **4** in. to **176** ft. Dia in. to ft. Dia in. to ft.Casing height above land surface **0** in., weight **2.071** lbs./ft. Wall thickness or gauge No. **.237**

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)

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 **176** ft. to **206** ft. From ft. to ft.

From ft. to ft. From ft. to ft.

GRAVEL PACK INTERVALS:

From **172** ft. to **206** 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 **168** ft. From **168** ft. to **172** 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

CONTAMINATED SITE

Direction from well?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		Cement	127	131	Caliche very hard
.5	5		Brown clay	131	145	Med sand & gravel w/caliche layers
5	24		Silt	145	215	Med sand w/clay layers
24	43		Silty clay			
43	45		Caliche			
45	66		Clay, sand, caliche			
66	74		Med sand & gravel			
74	77		Cemented sand			
77	88		Med sand w/some clay & calich			
88	105		Sandy clay w/some sand &			
			Caliche			
105	119		Med sand & gravel			
119	122		Caliche			
122	127		Med sand & gravel			

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)

3-19-02

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)

3-26-02

under the business name of

Woofter Pump and Well Inc.

by (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.

OFFICE USE ONLY

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