

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

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

2 WATER WELL OWNER: Coastal Mart # 1362	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: 316 E 17	
City, State, ZIP Code: Goodland, Ks 67735	

MW #3

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 209 ft. ELEVATION:
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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 well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:	5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
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1 Steel 3 RMP (SR)

2 PVC 4 ABS

7 Fiberglass

6 Asbestos-Cement 9 Other (specify below) _____

Welded _____

Threaded **X**

Blank casing diameter **4** in. to **179** 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:	7 PVC 10 Asbestos-cement
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1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____

2 Brass 4 Galvanized steel 6 Concrete tile 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 **179** ft. to **209** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **175** ft. to **209** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
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Grout intervals From **0** ft. to **171** ft. From **171** ft. to **175** 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) _____

CONTAMINATED SITE

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		Cement			
.5	29		Silt			
29	44		Silty clay w/some caliche strks			
44	58		Fine sand w/clay			
58	62		Caliche			
62	75		Med sand & gravel w/clay strks			
75	78		Cemented sand			
78	90		Med sand w/clay & caliche			
90	108		Sandy clay, caliche & sand strk			
108	127		Med sand w/clay			
127	129		Caliche, hard			
129	143		Med sand & gravel			
143	146		Cemented sand			
146	215		Med sand & gravel w/some clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was _____	How many feet?
completed on (mo/day/yr) 3-20-02	
Water Well Contractor's License No. 554	
under the business name of Woofert Pump and Well Inc.	

and this record is true to the best of my knowledge and belief. Kansas
This Water Well Record was completed on (mo/day/yr) **3-26-02**
by (signature) *[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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