CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: Thomas

Location listed as:	**Location changed to:**
Section-Township-Range: 36-4S-9	4-9S-36W
Fraction (¼ ¼ ¼): NE NE NE	NE NE NE

Other changes: Initial statements: No written description.

Changed to: From Brewster interchange on I-70: 2 mi. S., 2 mi. W.

Comments:

verification method: Phone call to well contractor, and mapping tool & aerial photos on KGS website.

initials: DRL date: 7/13/2010

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.

WATER WELL RECORD Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Thomas | Fraction: NE ¼ NE ¼ NE ¼ | Section Number: 36 | Township Number: T 4 S | Range Number: R 9 E/W

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

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

2 WATER WELL OWNER: Mike Schultz
RR#, St. Address, Box # : 419 6th St.
City, State, ZIP Code : Brewster KS 67732

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

N / W / E / S — NW, NE (X), SW, SE

4 DEPTH OF COMPLETED WELL ..... 140 ..... ft.

Depth(s) Groundwater Encountered (1) 100 ft. (2) ..... ft. (3) ..... ft.
WELL'S STATIC WATER LEVEL 100 ft. below land surface measured on mo/day/yr .....
Pump test data: Well water was 110 ft. after 1 hours pumping 5 gpm
Est. Yield 5 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
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 Domestic (lawn & garden) 10 Monitoring well .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ; If yes, mo/day/yrs Sample was submitted ..... Water well disinfected? Yes X No .....

5 TYPE OF 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 5 in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 12 in., Weight 2384 lbs./ft. Wall thickness or guage No. SDR21

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass (7) PVC 9 ABS 11 Other (Specify) .....
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From 100 ft. to 140 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 40 ft. to 140 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Pea gravel

6 GROUT MATERIAL: (1) Neat cement 2 Cement grout 3 Bentonite 4 Other .....
Grout Intervals: From 0 ft. to 40 ft., From ..... ft. to ..... 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 13 Insecticide storage 16 Other (specify below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well
None in sight
Direction from well? ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20	Clay			
20	40	Sand			
40	60	Clay			
60	130	Gravel			
130	140	Shale			

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) 4-26-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 724 This Water Well Record was completed on (mo/day/year) 5-1-10 under the business name of B's Pump & Well Service 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212