

County: Dickinson Fraction SW NW SW Sec. 4 T 11 S R 4 EW

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

(to rectify lacking or incorrect information)

Owner: Gary Schmutz

Location was listed as:

Section-Township-Range: 4-11S-3-4E

Fraction (1/4 1/4 1/4): SW NW SW

Location changed to:

4-11S-4E

SW NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Well site address & county road map, Dickinson
county online parcel search, position on plat map, and mapping
tool & aerial photos on KGS website. initials: DR date: 10/8/2014

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

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL:
 County: Dickinson Fraction SW 1/4 NW 1/4 SW 1/4 Section Number 4 Township Number T 11 S Range Number R 3-4 E W

2 WELL OWNER: Last Name: Schmutz First: Gary
 Business: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:
 Address: 3627 Sage Rd 3628 Sage Rd
 City: Wakefield State: KS ZIP: 67487 Wakefield, Kansas

3 LOCATE WELL WITH "X" IN SECTION BOX:
 N

 W E
 S
 -----1 mile-----

4 DEPTH OF COMPLETED WELL:142... ft.
 Depth(s) Groundwater Encountered: 1)8.7..... ft.
 2) ft. 3) ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL:7.4..... ft.
 below land surface, measured on (mo-day-yr).....
 above land surface, measured on (mo-day-yr) 8/7/14
 Pump test data: Well water was ft.
 after..... hours pumping gpm
 Well water was ft.
 after..... hours pumping gpm
 Estimated Yield:1.0±..... gpm
 Bore Hole Diameter:9..... in. to14.2..... ft. and
 in. to ft.

5 Latitude:(decimal degrees)
Longitude:(decimal degrees)
 Datum: WGS 84 NAD 83 NAD 27
 Source for Latitude/Longitude:
 GPS (unit make/model:)
 (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper:

6 Elevation:ft. Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other

7 WELL WATER TO BE USED AS:

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock	2. <input type="checkbox"/> Irrigation	3. <input type="checkbox"/> Feedlot	4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID	6. <input type="checkbox"/> Dewatering: how many wells?	7. <input type="checkbox"/> Aquifer Recharge: well ID	8. <input type="checkbox"/> Monitoring: well ID	9. Environmental Remediation: well ID	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease	11. Test Hole: well ID	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	12. Geothermal: how many bores?	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water	13. <input type="checkbox"/> Other (specify):
---	--	-------------------------------------	--	--	---	---	---	---	--	--	------------------------------	---	---------------------------------------	--	---

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:
 Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter ..5..... in. to ..14.2..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface1.8.. in. Weight20.0..... lbs./ft. Wall thickness or gauge No. ..2.50.....
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel Fiberglass PVC Other (Specify)
 Brass Galvanized Steel Concrete tile None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)
SCREEN-PERFORATED INTERVALS: From7.2.. ft. to14.2ft., From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From2.8.. ft. to14.2ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grout Intervals: From3..... ft. to ..2.8..... ft., From ft. to ft., From ft. to ft.
Nearest source of possible contamination:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify)
 Direction from well?EAST..... Distance from well? ..approx.....120..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	DARK TOP SOIL	78	87	LITE & GRAY SHALE
2	10	BROWN CLAY	87	90	LIMESTONE
10	17	LITE COLOR CLAY & SHALE	90	101	LITE COLOR SHALE
17	23	LITE COLOR LIMESTONE	101	128	RED SHALE
23	28	LITE COLOR SHALE	128	134	SOFT GRAY CLAY
28	30	GRAY SHALE	134	142	DARK SHALE & LIMESTONE
30	40	LITE COLOR SHALE LIMESTONE	Notes:		
40	58	MAROON SHALE			
58	78	LITE COLOR LIMESTONE & SHALE			

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 8/7/14 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. ...397..... This Water Well Record was completed on (mo-day-year) 8/13/14
 under the business name of ...CENTRAL KANSAS DRILLING.....

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.