

County: Dickinson Fraction SW-SE-SE Sec. 21 T 12 S R 4 (E/W)

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

(to rectify lacking or incorrect information)

Owner: \_\_\_\_\_

Location was listed as:

Section-Township-Range: \_\_\_\_\_

Fraction ( $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): \_\_\_\_\_

Location changed to:

\_\_\_\_\_

\_\_\_\_\_

Other changes: Initial statements: Geary County

Changed to: Dickinson County

Comments: \_\_\_\_\_

Verification method: Followed Directions matches PLSS Location

initials: DF date: 4/30/14

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.

**29,997**

<b>1 LOCATION OF WATER WELL:</b> County: <b>Geary</b>	Fraction <b>SW ¼ SE ¼ SE ¼</b>	Section Number <b>21</b>	Township Number <b>T 12 S</b>	Range Number <b>R 4</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>
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Distance and direction from nearest town or city street address of well if located within city? **5 miles West & 2 miles South of Junction City, Ks.**

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

**2 WATER WELL OWNER: Gary Luttmann**  
 RR#, St. Address, Box # : **2255 3rd St.**  
 City, State, ZIP Code : **Wakefield, Ks. 67487**

<p><b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b></p> <p style="text-align: center;">N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">W</td> <td style="width: 40px; text-align: center;">-- NW --</td> <td style="width: 40px; text-align: center;">-- NE --</td> <td style="width: 20px; text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">-- SW --</td> <td style="text-align: center;">-- SE --</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"> </td> <td style="text-align: center;">  <b>X</b></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td></td> <td></td> </tr> </table>	W	-- NW --	-- NE --	E						-- SW --	-- SE --				<b>X</b>			S			<p><b>4 DEPTH OF COMPLETED WELL .....60..... ft.</b></p> <p>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.          WELL'S STATIC WATER LEVEL...<b>21</b>..... ft. below land surface measured on mo/day/yr... <b>6/15/07</b>          Pump test data: Well water was.....ft. after..... hours pumping..... gpm          Est. Yield <del>600-800</del> 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)  <input checked="" type="checkbox"/> Irrigation 4 Industrial 7 Domestic (lawn &amp; garden) 10 Monitoring well</p> <p>Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....; If yes, mo/day/yr          Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> ..... No .....</p>
W	-- NW --	-- NE --	E																		
	-- SW --	-- SE --																			
		<b>X</b>																			
	S																				

**5 TYPE OF CASING USED:**

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

Blank casing diameter ... **1.6**..... in. to ... **4.0**..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface..... **12**..... in., Weight..... **1.6**.. **1.5**lbs./ft. Wall thickness or gauge No. ... **500**.....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> PVC	9 ABS	11 Other (Specify) .....
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

1 Continuous slot	<input checked="" type="checkbox"/> 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... **40**..... ft. to ... **60**..... ft., From ..... ft. to ..... ft.  
 From..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From... **23**..... ft. to ... **60**..... ft., From ..... ft. to ..... ft.  
 From..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:** 1 Neat cement  Cement grout 3 Bentonite 4 Other .....

Grout Intervals: From ... **1**..... ft. to ... **23**..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: **None within 1/4 mile.**

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	

Direction from well? ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil			
4	16	Clay, dark brown			
16	25	Clay, brown			
25	51	Sand, fine to coarse, brown			
51	60	Sand, fine to coarse w/gravel, red			
60	--	Limestone			

**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) .. **6/22/07**... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... **138**..... This Water Well Record was completed on (mo/day/year) .. **6/30/07**..... under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

**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.kdhe.state.ks.us/geo/waterwells>.