

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

County: Marion

Location listed as:

Location ~~changed to~~

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

31-215-1E

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

NW NW NW

Other changes: Initial statements: Harvey County

Changed to: Marion County

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

verification method: Wellsite address & area road map, and mapping tool & aerial photos on KGS website.

initials: DRB date: 6/13/2012

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.  

<p><b>1 LOCATION OF WATER WELL:</b>                  County: <u>Harvey</u>                  Street/Rural Address of Well Location; if unknown, distance &amp; direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> </p>	<p>Fraction <u>1/4 NW 1/4 NW 1/4 NW 1/4</u></p>	<p>Section Number <u>31</u></p>	<p>Township No. <u>T21 S</u></p>	<p>Range Number <u>R 1</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W</p>															
<p><b>2 WATER WELL OWNER:</b> <u>Ron Becker</u>                  RR#, Street Address, Box #: <u>790 Meridian</u>                  City, State, ZIP Code: <u>Heuston KS 67062</u></p>		<p><b>Global Positioning System (GPS) information:</b>                  Latitude: ..... (in decimal degrees)                  Longitude: ..... (in decimal degrees)                  Elevation: .....                  Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27                  Collection Method:  <input type="checkbox"/> GPS unit (Make/Model: .....)  <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey                  Est. Accuracy: <input type="checkbox"/> &lt;3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> &gt;15 m</p>																	
<p><b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input checked="" type="checkbox"/></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>--NW--</td> <td>--NE--</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>--SW--</td> <td>--SE--</td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">S -----1 mile-----</p>	<input checked="" type="checkbox"/>				--NW--	--NE--							--SW--	--SE--			<p><b>4 DEPTH OF COMPLETED WELL</b> <u>45</u> ft.                  Depth(s) Groundwater Encountered (1) <u>14</u> ft. (2) <u>18</u> ft. (3) ..... ft.                  WELL'S STATIC WATER LEVEL <u>14</u> ft. below land surface measured on mo/day/yr. <u>9-26-11</u>                  Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm                  EST. YIELD <u>20</u> gpm. Well water was ..... ft. after ..... hours pumping ..... gpm                  Bore Hole Diameter <u>9</u> in. to <u>45</u> ft., and ..... in. to ..... ft.                  WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well  <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)  <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Domestic-lawn &amp; garden <input type="checkbox"/> Monitoring well .....                  Was a chemical/bacteriological sample submitted to Department? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, mo/day/yr sample was submitted .....                  Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<input checked="" type="checkbox"/>																			
--NW--	--NE--																		
--SW--	--SE--																		
<p><b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other .....                  CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded                  Casing diameter ..... in. to <u>5</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.                  Casing height above land surface ..... in., Weight <u>SDR26</u> lbs./ft., Wall thickness or gauge No. <u>219</u>                  TYPE OF SCREEN OR PERFORATION MATERIAL:  <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....  <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)                  SCREEN OR PERFORATION OPENINGS ARE:  <input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole)  <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) .....                  SCREEN-PERFORATED INTERVALS: From <u>15</u> ft. to <u>35</u> ft., From ..... ft. to ..... ft.                  From ..... ft. to ..... ft., From ..... ft. to ..... ft.                  GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>30</u> ft., From ..... ft. to ..... ft.                  From ..... ft. to ..... ft., From ..... ft. to ..... ft.</p>																			
<p><b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other .....                  Grout Intervals: From <u>0</u> ft. to <u>15</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.                  What is the nearest source of possible contamination:  <input checked="" type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below)  <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well  <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well .....                  Direction from well <u>N</u> Distance from well <u>100+</u></p>																			
<b>FROM</b>	<b>TO</b>	<b>LITHOLOGIC LOG</b>	<b>FROM</b>	<b>TO</b>	<b>LITHO. LOG (cont.) or PLUGGING INTERVALS</b>														
<u>0</u>	<u>3</u>	<u>Clay</u>																	
<u>3</u>	<u>13</u>	<u>Sandy Clay</u>																	
<u>13</u>	<u>35</u>	<u>Sand</u>																	
<u>35</u>	<u>30</u>	<u>Blue Shale</u>																	
<p><b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>9-26-11</u>, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1800</u>. This Water Well Record was completed on (mo/day/year) <u>9-26-11</u> under the business name of <u>Beckhos Drilling</u> by (signature) <u>Paul H. Beckhos</u></p>																			
<p><b>INSTRUCTIONS:</b> Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a>.</p>																			