

County: Harvey Fraction SW NW NW SW Sec. 19 T 23 S R 2 EW

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

(to rectify lacking or incorrect information)

Owner: Elwin Harder

Location was listed as:

Section-Township-Range: 19-23S

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SW SW SE

Location changed to:

19-23S-2E

SW NW NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: Well owner's address is 720 S. Woodlawn Rd.,
Newton, KS 67114.

Verification method: Well owner's address & area road map, Harvey
County online parcel search, and mapping tool & aerial
photos on KGS website. initials: DRL date: 4/19/2013

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

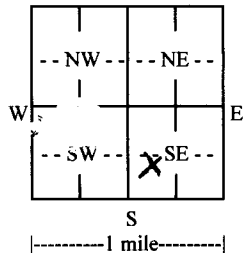
Division of Water
Resources App. No.

Well ID

1 LOCATION OF WATER WELL: Fraction SW 1/4 SE 1/4 Section Number 19 Township Number T 23 S Range Number R 24 E County: Harvey

2 WELL OWNER: Last Name: Harde First: Elin 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: ☒
Business: _____
Address: _____
Address: _____
City: Newton State: Ks ZIP: 67117

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



4 DEPTH OF COMPLETED WELL: 50 ft.
Depth(s) Groundwater Encountered: 1) 26 ft.
2) 40 ft. 3) _____ ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: 27 ft.
☐ below land surface, measured on (mo-day-yr) _____
☒ above land surface, measured on (mo-day-yr) _____
Pump test data: Well water was _____ ft.
after _____ hours pumping _____ gpm
Well water was _____ ft.
after _____ hours pumping _____ gpm
Estimated Yield: 25 gpm
Bore Hole Diameter: 8 1/2 in. to 50 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 checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock | 5. <input type="checkbox"/> Public Water Supply: well ID _____ | 10. <input type="checkbox"/> Oil Field Water Supply: lease _____ |
| 2. <input type="checkbox"/> Irrigation | 6. <input type="checkbox"/> Dewatering: how many wells? _____ | 11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| 3. <input type="checkbox"/> Feedlot | 7. <input type="checkbox"/> Aquifer Recharge: well ID _____ | 12. Geothermal: how many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical |
| 4. <input type="checkbox"/> Industrial | 8. <input type="checkbox"/> Monitoring: well ID _____ | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water |
| | 9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | 13. <input type="checkbox"/> Other (specify): _____ |
| | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | |

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 30 ft., Diameter 12 in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface 12 in. Weight SDR 26 lbs./ft. Wall thickness or gauge No. 214

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: From 30 ft. to 50 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 30 ft. to 50 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other _____

Grout Intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Nearest source of possible contamination:

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Lateral Lines | <input type="checkbox"/> Pit Privy | <input checked="" type="checkbox"/> Livestock Pens | <input type="checkbox"/> Insecticide Storage |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Cess Pool | <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 |
| <input type="checkbox"/> Other (Specify) _____ | | | | |

Direction from well? NE Distance from well? 100 ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|----------------|------|----|--|
| 0 | 22 | Clay | | | |
| 22 | 28 | fine Sand | | | |
| 28 | 31 | Clay | | | |
| 31 | 49 | med Sand | | | |
| 49 | 50 | Hard Shell | | | |

Notes:

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) 2-24-13 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 1000 This Water Well Record was completed on (mo-day-year) 2-20-13
under the business name of Backhaus 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.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 9/10/2012