

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: _____

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

County:

HarveyLocation ~~changed to~~:19-24S-2ENE SW SW

Other changes: Initial statements:

Sedgwick County

Changed to:

Harvey County

Comments: _____

verification method:

Legal description, position on plat map, and property descriptions for well owner on Harvey County website.

initials:

DR

date:

5/15/2007

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:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	NE ¼ SW ¼ SW ¼	19	T 24 S	R 2 E/W
Distance and direction from nearest town or city street address of well if located within city?		Global Positioning System (decimal degrees, min. of 4 digits)		
		Latitude: _____		
		Longitude: _____		
		Elevation: _____		
		Datum: _____		
		Data Collection Method: _____		

2 WATER WELL OWNER: Klee R. Watchous RR#, St. Address, Box # : 4924 SE 84 th St City, State, ZIP Code : Newton, KS 67114	4 DEPTH OF COMPLETED WELL 95 ft. Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 16 ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 25 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	Was a chemical/bacteriological sample submitted to Department? Yes _____ No x ; If yes, mo/day/yr _____ Sample was submitted _____ Water Well Disinfected? Yes x No _____

5 TYPE OF CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued x Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	Welded _____
2 PVC	4 ABS	7 Fiberglass	Threaded _____
Blank casing diameter _____ in. to _____ ft., Dia	_____ in. to _____ ft., Dia	_____ in. to _____ ft., Dia	_____ in. to _____ ft., Dia
Casing height above land surface _____ in., Weight _____ lbs./ft.	2.40 lbs./ft.	Wall thickness or gauge No. _____	160psi
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	7 PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
SCREEN OR PERFORATION OPENINGS ARE:		9 ABS	11 Other (specify) _____
1 Continuous slot	3 Mill slot	5 Guaze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
SCREEN-PERFORATED INTERVALS:		9 Drilled holes	11 None (open hole)
From _____	15 ft. to _____	ft. From _____	ft. to _____
From _____	ft. to _____	ft. From _____	ft. to _____
GRAVEL PACK INTERVALS:		ft. From _____	ft. to _____
From _____	20 ft. to _____	ft. From _____	ft. to _____
From _____	ft. to _____	ft. From _____	ft. to _____

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite
Grout Intervals From _____ ft. to _____ ft.	From _____ ft. to _____ 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
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
Direction from well? South West		How many feet? 200ft	
		13 Insecticide Storage	
		14 Abandoned water well	
		15 Oil well/ gas well	
		16 Other (specify below) _____	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	15	Clay			
15	21	Fine Sand			
21	95	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) **3-21-2007** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **740** . This Water Well Record was completed on (mo/day/year) **3-29-2007** under the business name of **Weninger Drilling Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks 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>.