

County: Woodson Fraction: NW, NW, NE, NE Sec. 16 T. 25 S R. 15 E

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

Owner: Lee Robins Livestock

If location corrected, was listed as:

Location changed to:

Section-Township-Range: _____

Fraction (¼ calls): SE, NW, NW, NE

NW, NW, NE, NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Confirmed location with Travis Euler and used Google Earth and STR Finder.

Initials: BA Date: 09/06/2022

Submitted by: ☐ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
☒ 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: <u>Woodson</u>		Fraction <u>SE 1/4 NW 1/4 SW 1/4 NE 1/4</u>	Section Number <u>16</u>	Township Number <u>25 T S</u>	Range Number <u>R 15 E W</u>
2 WELL OWNER: Last Name: <u>Robbins</u> First: <u>Lee</u> Business: <u>1181 Hwy 54</u> Address: <u>Yates Center KS 66788</u> City: _____ State: _____ ZIP: <u>66788</u>		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: <input checked="" type="checkbox"/> <u>1181 Hwy 54 Yates Center KS</u>			
3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin: 10px auto;"> <div style="position: absolute; top: 0; left: 0;">NW</div> <div style="position: absolute; top: 0; right: 0;">NE</div> <div style="position: absolute; bottom: 0; left: 0;">SW</div> <div style="position: absolute; bottom: 0; right: 0;">SE</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <div style="border: 1px solid black; width: 20px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0;">W</div> <div style="position: absolute; top: 0; right: 0;">E</div> <div style="position: absolute; bottom: 0; left: 0;">S</div> </div> </div> </div>	4 DEPTH OF COMPLETED WELL: <u>120</u> ft. Depth(s) Groundwater Encountered: 1) <u>27</u> ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>26</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) _____ <input type="checkbox"/> 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: <u>6</u> gpm Bore Hole Diameter: <u>8</u> in. to <u>120</u> ft. and _____ in. to _____ ft.		5 Latitude: <u>37.87884</u> (decimal degrees) Longitude: <u>95.26100</u> (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: _____		
6 Elevation: _____ ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____ Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
8 TYPE OF CASING USED: <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 <u>5</u> in. to _____ ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft. Casing height above land surface <u>18</u> in. Weight _____ lbs./ft. Wall thickness or gauge No. <u>5DR-21</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <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"/> Other (Specify) _____ <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) SCREEN-PERFORATED INTERVALS: From <u>120</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>120</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Intervals: From <u>50</u> ft. to <u>20</u> 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? <u>SW</u> Distance from well? <u>50</u> ft.					
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Topsoil			
3	27	Yellow silt			
27	30	Brown sandstone			
30	35	Yellow silt			
35	38	grey shale			
38	42	Yellow sandstone			
42	51	grey shale			
51	53	grey sandstone			
53	120	grey shale			
Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>675</u> This Water Well Record was completed on (mo-day-year) _____ under the business name of <u>Fuller Water Well Drilling</u> Signature: _____ Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015					