

County: Gove Fraction: SE, NW, SW, SE Sec. 15 T. 12 S R. 29 W

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

Owner: Berniece Heier

If location corrected, was listed as:

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

Fraction (¼ calls): SE, SE, SW, SE

Location changed to:

SE, NW, SW, SE

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: New well less than 50 ft from plugged well at windmill.

Verification method: Google Earth and KDHE Section/Township/Range Finder. Confirmed location with water well contractor.

Initials: PKC Date: 7/31/20

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

☒ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

<b>Original Record</b> <input type="checkbox"/> <b>Correction</b> <input type="checkbox"/> <b>Change in Well Use</b> <input type="checkbox"/>		Resources App. No.																
<b>1 LOCATION OF WATER WELL:</b> County: <u>Gove</u> Fraction <u>SE ¼ SE ¼ SW ¼ SE ¼</u> Section Number <u>15</u> Township Number T <u>12</u> S Range Number R <u>29</u> E <input checked="" type="checkbox"/> W																		
<b>2 WELL OWNER:</b> Last Name <u>Heries</u> First <u>Berniere</u> Business Address <u>PO Box 227</u> City <u>Graingerfield</u> State <u>KS</u> ZIP: <u>67237</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 type="checkbox"/> <u>From Gove 3 miles North 2 ¼ miles West</u>																
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  W E S  -----1 mile-----	<b>4 DEPTH OF COMPLETED WELL:</b> <u>30</u> ft. Depth(s) Groundwater Encountered: 1) <u>10</u> ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>10</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>6-1-20</u> <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>4</u> gpm Bore Hole Diameter: _____ in. to <u>30</u> ft. and _____ in. to _____ ft.	<b>5 Latitude:</b> _____ (decimal degrees) <b>Longitude:</b> _____ (decimal degrees) Horizontal Datum: <input 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: _____																
<b>7 WELL WATER TO BE USED AS:</b> 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																		
<b>8 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 <u>5</u> in. to <u>30</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>22</u> in. Weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>S.D.R. 21</u> <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <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)																		
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input checked="" type="checkbox"/> Continuous Slot <input 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)																		
<b>SCREEN-PERFORATED INTERVALS:</b> From <u>10</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From <u>10</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																		
<b>9 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>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>Nearest source of possible contamination:</b> <input 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"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input checked="" 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>North 505+</u> Distance from well? <u>505+</u> ft.																		
<b>10 FROM TO LITHOLOGIC LOG</b> <table border="1" style="width:100%;"> <tr> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> <tr> <td>0</td> <td>5</td> <td>Topsoil</td> </tr> <tr> <td>5</td> <td>20</td> <td>clay with gravel streaks</td> </tr> <tr> <td>20</td> <td>25</td> <td>silt</td> </tr> <tr> <td>25</td> <td>30</td> <td>shale</td> </tr> </table>		FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	5	Topsoil	5	20	clay with gravel streaks	20	25	silt	25	30	shale	<b>Notes:</b>	
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0	5	Topsoil																
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<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input type="checkbox"/> constructed <input checked="" type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <u>6-7-20</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>326</u> This Water Well Record was completed on (mo-day-year) _____ under the business name of <u>B+B Drilling LLC</u> Signature _____ <small>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.</small> Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 7/10/2015																		