

County: Russell Fraction NE NW SW SW Sec. 6 T 13 S R 13 E(W)

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

Owner: Edward Weigel

Location was listed as:

Section-Township-Range: 6-13S-13-14W

Fraction (1/4 1/4 1/4): SW

Location changed to:

6-13S-13W

NE NW SW SW

Other changes: Initial statements: RS County

Changed to: Russell County

Comments: _____

Verification method: Written & legal description, sketch map on attached pages, and mapping tool & aerial photos on KGS website.

Submitted by: _____ initials: DPL date: 10/29/2013
to: 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.

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:
 County: RS Fraction SW 1/4 1/4 1/4 1/4 Section Number 6 Township Number T 13 S Range Number R 13-14 E W

2 WELL OWNER: Last Name: Weigell First: Edward
 Business: _____
 Address: 418 N Lincoln St
 Address: _____
 City: Russell State: KS ZIP: 67665
 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:
187 st and 2nd rd so east half mile, turn south over cattle guard, follow lease rd south run right into

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

-- NW --		-- NE --
W		E
	X	
-- SW --		-- SE --
	S	

 S
 |-----| mile -----|

4 DEPTH OF COMPLETED WELL: 7.6 ft.
 Depth(s) Groundwater Encountered: 1) 4.0 ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL: 3.8 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: 8 gpm
 Bore Hole Diameter: 8.3/4 in. to 7.6 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 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): _____
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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 7.6 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 2.1 in. Weight _____ lbs./ft. Wall thickness or gauge No. 7.200
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel Fiberglass PVC
 Brass Galvanized Steel Concrete tile None used (open hole) Other (Specify) _____
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) Factory pref
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)
SCREEN-PERFORATED INTERVALS: From 7.6 ft. to 3.7 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 7.6 ft. to 3.6 ft., From 2.6 ft. to 2.1 ft., From _____ ft. to _____ ft.

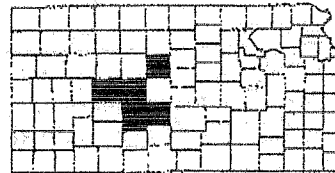
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout intervals: From 3.6 ft. to 2.6 ft., From 2.1 ft. to 0 ft., From _____ ft. to _____ ft.
Nearest source of possible contamination:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify) creek
 Direction from well? East Distance from well? 150 ft ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	6	clay	56	64	red fire clay
6	7	lime stone	64	70	gray clay
7	28	brown clay	70	73	red fire clay
28	30	yellow clay	73	76	gray clay
30	32	sandrock			
32	45	sandrock - gravel - fl. + water			
45	51	gray clay	Notes:		
51	52	sandrock			
52	56	gray clay			

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) 10-12-13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 870 This Water Well Record was completed on (mo-day-year) 10-14-13 under the business name of Russell water well service

NON-PUBLIC OR SEMI-PUBLIC WATER SUPPLY WELL APPLICATION COST \$ 100.00

The Central Kansas Local Environmental Planning Group
106 East 9th St, P.O. Box 669 LaCrosse, KS 67548
Office (785) 222-9033 Fax (785)222-9077



PERMIT NUMBER _____ CKLEPG USE ONLY _____

COUNTY: EDWARDS PAWNEE RUSH RUSSELL NESS STAFFORD

LEGAL LOCATION 1/4 SECTION SW, SECTION 6, TOWNSHIP 13, RANGE 13-14-W

Form with fields for NAME: Edward Wigel, PROPERTY OWNER'S NAME, TELEPHONE #: 785-433-1996, MAILING ADDRESS: 413 N Lincoln St Russell 67665, DRIVING DIRECTIONS TO FACILITY, PRESENCE OF NATURAL BODY OF WATER WITHIN 200 FEET, NATURAL GROUND SLOPE, ABANDONED WELLS PRESENT?, INTENDED USE OF WELL, NAME OF DRILLER.

APPLICANT'S STATEMENT: I certify the information presented to the CKLEPG on this application to be factual and true. I further certify, if this application is approved, this well will be constructed in accordance with the system's permit requirements, the requirements of the CKLEPG sanitarian and the county environmental code.

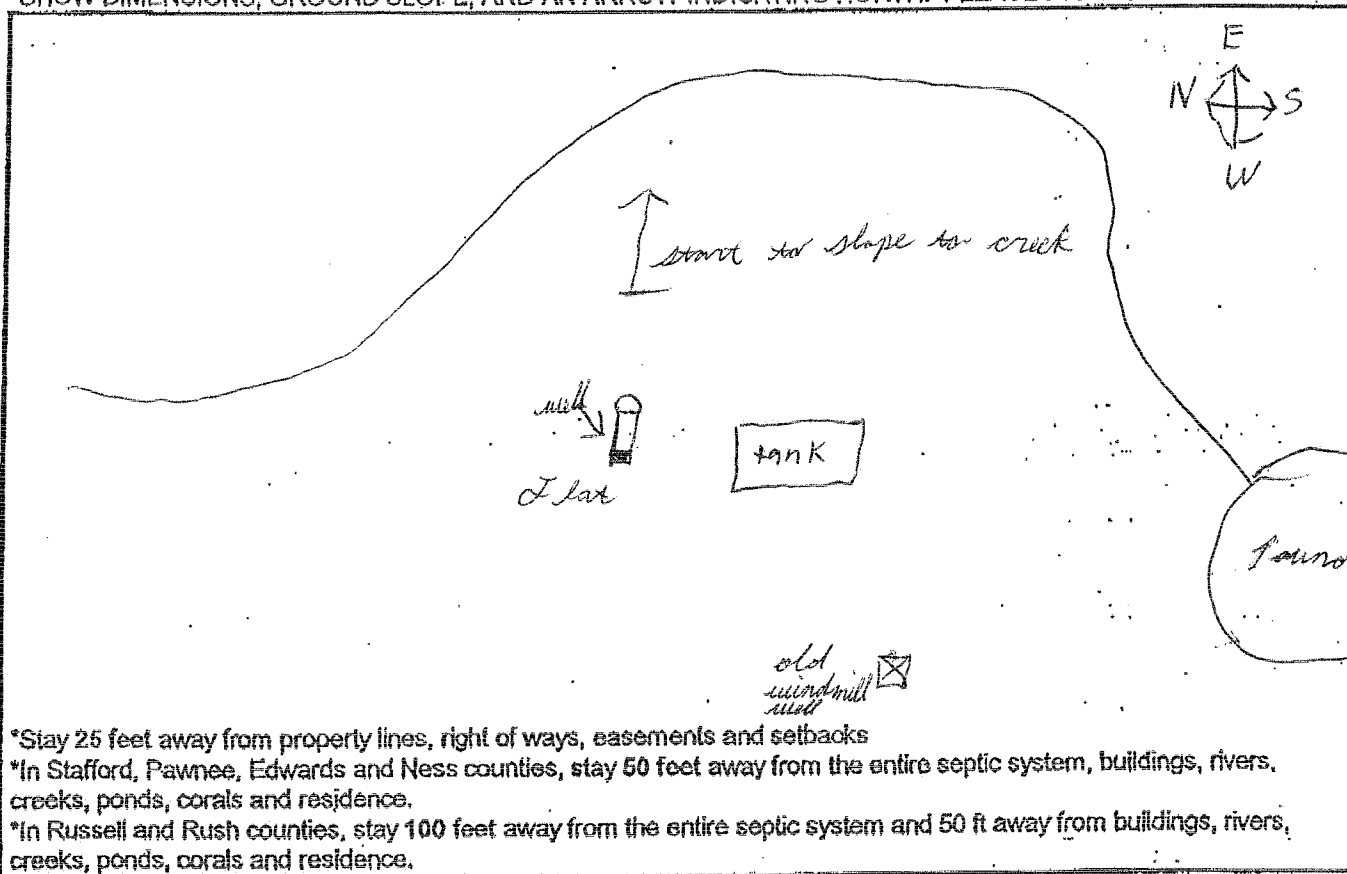
SIGNATURE OF APPLICANT Edward J. Wigel DATE 10-10-13

APPROVAL STATEMENT THIS APPLICATION AND THE ATTACHED PLAN ARE APPROVED FOR CONSTRUCTION. EXPIRES AFTER 1 YEAR.

CKLEPG REPRESENTATIVE _____ DATE _____

- YOUR LEGAL RESPONSIBILITIES
1. The well must be constructed according to the applicable county sanitary code and Kansas Article 30.
2. The well cannot be drilled without an approved application.
3. The well must be chlorinated before final assembly.
4. The CKLEPG must be called for final inspection within 30 days of the completion of construction.
5. The well permit is not transferable, and fees are not refundable.
6. The application is good for one full year from the date of application.
7. If the well is not drilled in accordance with the requirements of this permit, it will be plugged at the applicant's expense.
8. You may be prosecuted under state and county laws for failure to comply with the laws governing this application.
9. A copy of the Well Driller's Log (WWC-5) must be submitted to this office within 30 days of drilling the well.
10. The issuance of a permit does not guarantee the well will satisfactorily operate.
11. This application does not relieve you from responsibility to other federal, state or local agency's requirements.
12. You are required to plug this well if it falls into disuse, becomes unserviceable, or becomes a safety or health hazard.

DRAW YOUR PLAN HERE (REQUIRED) INCLUDE WASTEWATER SYSTEMS, WATER WELLS, STREAMS, PONDS, BUILDINGS, CORRALS, OUTBUILDINGS, AND OTHER POTENTIAL SOURCES OF CONTAMINATION. SHOW DIMENSIONS, GROUND SLOPE, AND AN ARROW INDICATING NORTH. PLEASE DRAW NEATLY.



*Stay 25 feet away from property lines, right of ways, easements and setbacks
 *In Stafford, Pawnee, Edwards and Ness counties, stay 50 feet away from the entire septic system, buildings, rivers, creeks, ponds, corals and residence.
 *In Russell and Rush counties, stay 100 feet away from the entire septic system and 50 ft away from buildings, rivers, creeks, ponds, corals and residence.

FINAL INSPECTION	YES	NO	COMMENTS
MEETS CODE AND ARTICLE 30 REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
KDHE APPROVED SEAL	<input type="checkbox"/>	<input type="checkbox"/>	
CASING 12" ABOVE SURFACE	<input type="checkbox"/>	<input type="checkbox"/>	
WATER SAMPLE TAKEN	<input type="checkbox"/>	<input type="checkbox"/>	
WELL APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	

INSPECTED BY _____ DATE _____

YOUR WATER TEST RESULTS

Test Name	Test Range	MCL	Method Used	YOUR RESULTS	Safe	Unsafe *
Chlorine (Cl ₂)	Presence	NA	DPD-1			
Coliform Bacteria	Only +/-	Neg.	Collitert			
Fecal Coliform ²	Only +/-	Neg.	Collitert			
Nitrate, (NO ₃ ⁻ -N)	0 to 30.0 mg/L* 10 mg/L		H355			

MCL is the EPA. maximum recommended contaminate level.
 * Consult the CKLEPG for methods of treating unsafe water.

PAID DATE _____ CHECK NUMBER _____

RECEIVED
 OCT 23 2013
 KS GEO SURVEY