

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

(to rectify lacking or incorrect information)

County: Ellis

Location listed as:

Section-Township-Range: 3-13 S-17 W

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

Location changed to:

3-13 S-17 W

SW SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Ellis County parcel search online, position on plat map, and mapping tool & aerial photos on KGS website.

initials: DRK date: 1/19/2011

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.

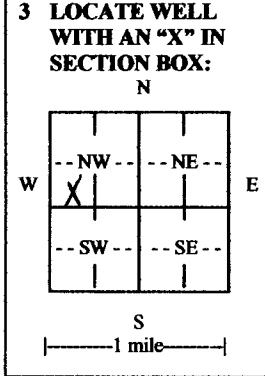
1033

1 LOCATION OF WATER WELL: County: Ellis	Fraction ¼ NW ¼ SW ¼ SW ¼	Section Number 3	Township No. T 13 S	Range Number R 17 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
1/2 east, 2 north, 1/2 east, 1/2 south of Catharine, KS

Global Positioning System (GPS) information:
 Latitude: (in decimal degrees)
 Longitude: (in decimal degrees)
 Elevation:
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model:)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: Christine Schmidt
 RR#, Street Address, Box #: 1680 St. John
 City, State, ZIP Code : Catharine, Ks 67627



4 DEPTH OF COMPLETED WELL 45 ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL **12**ft. below land surface measured on mo/day/yr. **11/22/10**.....
 Pump test data: Well water wasft. after hours pumping gpm
 EST. YIELD **10**gpm. Well water wasft. after hours pumping gpm
 Bore Hole Diameterin. toft., andin. toft.
 WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted.....
 Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other
 CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter **.5** in. to **.45** ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface **.24** in., Weight **2.91**lbs./ft., Wall thickness or gauge No. **.21**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)
 SCREEN-PERFORATED INTERVALS: From **.45** ft. to **.15** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **.45** ft. to **.14** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grout Intervals: From **.14** ft. to **0** ft., From ft. to ft., From ft. to ft.
 What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
 Direction from well Distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Top soil			
3	14	Gumbo			
14	18	Sand			
18	35	Gumbo Clay			
35	45	Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **.11/23/10**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **.0199**..... This Water Well Record was completed on (mo/day/year) **.12/6/10**..... under the business name of **..Karst Water Well Drilling & Service, Inc**..... by (signature).....

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.