

County: Trego Fraction SW SE SE Sec. 26 T 13 S R 25 E (W)

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

(to rectify jacking or incorrect information)

Owner: Castle Rock Ranch

Location was listed as:

Location changed to:

Section-Township-Range: _____

Fraction (1/4 1/4 1/4): _____

Other changes: Initial statements: Gove County

Changed to: Trego County

Comments: _____

Verification method: Legal description, sketch map, and mapping tool & aerial photos on KGS website.

initials: DRL date: 7/5/2013

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.

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Stewart

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

<input checked="" type="checkbox"/> Location of well:	County <u>Gove</u>	Fraction <u>SW 1/4 SE 1/4 SE 1/4</u>	Section number <u>26</u>	Township number T <u>13</u> S	Range Number R <u>25</u> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <u>Castle Rock Ranch</u> R.R. or street: <u>Quinter, Ks. 67752</u> City, state, zip code:		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>19</u> in. Completion date _____ Well depth <u>70</u> ft. <u>3/25/77</u>	
				7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary	
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <u>Ceas</u> Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>12</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia/ _____ in. to _____ ft. depth gage No. _____	
				10. Screen: Manufacturer's name _____ <u>Johnson Well Casing</u> Type <u>cement asbestos</u> Dia. <u>12</u> in. Slot/gauze <u>3/16</u> Length <u>13</u> ft. Set between <u>31</u> ft. and <u>70</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 down</u>	
				11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>3/25/77</u>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>200</u> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> <u>cement slab</u> With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.	
				16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other _____	
		(Use a second sheet if needed)			
18. Elevation:	19. Remarks:			20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Aqua Well Drilling</u> 281 Business name <u>Gove, Ks. 67736</u> License No. _____ Address _____ Signed <u>J M Little</u> Date <u>6-20</u> Authorized representative _____ 77	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5