Correction

**WATER WELL RECORD** **Form WWC-5** Division of Water Resources App. No.

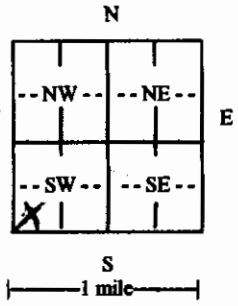
| 1 LOCATION OF WATER WELL: County: Russell | Fraction SW ¼ SW ¼ SW ¼ ¼ | Section Number 6 | Township No. T 15 S | Range Number R 12 ☐E ☑W |
|---|---|---|---|---|

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.
South to Bridge, 1 East, 1 South of Dorrance, 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:** DeAnn Ancell
RR#, Street Address, Box #: 19623 Grant Rd
City, State, ZIP Code : Dorrance, KS 67634

**3 LOCATE WELL WITH AN "X" IN SECTION BOX:**




**4 DEPTH OF COMPLETED WELL** 130 ft.
Depth(s) Groundwater Encountered (1) 97 ft. (2) ..... ft. (3) ..... ft.
WELL'S STATIC WATER LEVEL 90 ft. below land surface measured on mo/day/yr. 08/27/12
Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm
EST. YIELD 10 gpm. Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter 10 in. to 130 ft., and ..... in. to ..... ft.
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 130 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 130 ft. to 90 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 130 ft. to 55 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 55 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 | 2 | Top Soil | | | |
| 2 | 42 | Gumbo clay | | | |
| 42 | 60 | Shale | | | |
| 60 | 70 | Clay | | | |
| 70 | 75 | White Clay | | | |
| 75 | 97 | Gray Clay | | | |
| 9 | 102 | Sand Rock | | | |
| 102 | 115 | Gray Clay | | | |
| 115 | 120 | Red Clay | | | |
| 120 | 130 | Gray Clay | | | |

**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) 8/31/12 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) 09/14/12 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 785-296-5524. 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