

County: Trego Fraction SW NW SE Sec. 9 T 15 S R 24 E (W)

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

(to rectify lacking or incorrect information)

Owner: Richard Koeppen

Location was listed as:

Location changed to:

Section-Township-Range: None Given

9-15 S-24 W

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

SW NW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Legal description on accompanying form, county ownership map, and mapping tool & aerial photos on KGS website.

initials: DRK date: 6/26/2013

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

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

<input checked="" type="checkbox"/> Location of well:	County Trego	Fraction 1/4 1/4 1/4	Section number	Township number T S R	Range number E/W				
2. Distance and direction from nearest town or city: Street address of well location if in city: 15 S of Voda			3. Owner of well: Richard Koeppen R.R. or street: Arnold, Ks. 67515 City, state, zip code:						
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>1 Mile</p> <p>W</p> <p>1 Mile</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>N</p> <table border="1" style="width: 100px; height: 100px; border-collapse: collapse;"> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> </table> <p>S</p> <p>1 Mile</p> <p>E</p> </div> </div>			NW	NE	SW	SE	Sketch map:		
NW	NE								
SW	SE								
5. Type and color of material			From	To	6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>100</u> ft. <u>7/8/77</u>				
			silt and clay		0	15	7. <input 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 type="checkbox"/> Reverse rotary		
			yellow clay		15	30	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			rock and fine sand		30	32	9. Casing: Material <u>plts</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <u>pl</u> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
			clay and rock		32	45	10. Screen: Manufacturer's name _____ <u>Valley Steel</u> Type <u>PVC</u> Dia. <u>5</u> in. Slot/gauze <u>1/16 in</u> Length <u>40</u> Set between <u>60</u> ft. and <u>100</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>7 Down</u>		
			rock and fine sand		45	60	11. Static water level: _____ ma./day/yr. <u>64</u> ft. below land surface Date <u>7/8/77</u>		
			rock and clay		60	98	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>5</u> g.p.m.		
			shale		98	100	13. Water sample submitted: _____ ma./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
							14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
							<input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> With: <u>clay</u> neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>5</u> ft.		
				<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
				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 <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other					
(Use a second sheet if needed)									
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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> <u>281</u> Business name License No. Address <u>Gove, Ks. 67736</u> Signed <u>[Signature]</u> Date <u>7-19-77</u> Authorized representative						

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

Form WWC-5

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:		County <i>Trego</i>	Fraction 1/4 1/4 1/4	Section number <i>9</i>	Township number T <i>15</i> S	Range number R <i>24</i> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <i>Richard Koepfen</i> R.R. or street: City, state, zip code: <i>Arnold, Kansas</i>		
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <i>8</i> in. Completion date <i>7-8-77</i> Well depth <i>102</i> ft.		
				7. <input 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 type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material				From	To	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____
						10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____
						11. Static water level: _____ mo./day/yr. <i>64</i> ft. below land surface Date <i>7-8-77</i>
						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
						13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____
						14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
						15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>1</i> ft. to _____ ft.
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No
						17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> 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.		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				Business name _____ License No. _____ Address _____ Signed _____ Authorized representative _____ Date _____		

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

Form WWC-5