**County:** Dickinson **Fraction:** SE SE SW **Sec.** 8 **T.** 15 **S** **R.** 3 E

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

**Owner:** Shippy, Larry

**If location corrected, was listed as:**

Section-Township-Range: 8-15-3 W

Fraction (¼ calls): SE SE SW

**Location changed to:**

8-15-3 E

**Other changes:** Initial statements:

Changed to:

Comments:

Verification method: Checked address against mapper; it is in the East range, not the West range.

Initials: BK Date: 8-17-2021

Submitted by: ■ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724

☐ Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

(rev 01/26/2018)

# 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: Dickinson | Fraction: SE¼ SE¼ SW¼ ¼ | Section Number: 8 | Township Number: T 15 S | Range Number: R 3 ☐E ☒W

**2 WELL OWNER:** Last Name: Shippy First: Larry
Business:
Address: 1446 - 1100 Ave
City: Hope State: Ks ZIP: 67451

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: ☐
1445-1100 Ave
Hope, Ks 67451

**3 LOCATE WELL WITH "X" IN SECTION BOX:**
N / W / E / S; NW, NE, SW, SE; * in SW; |---------1 mile---------|

**4 DEPTH OF COMPLETED WELL:** 71 ft.
Depth(s) Groundwater Encountered: 1) 46 ft. 2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: 38 ft.
☐ below land surface, measured on (mo-day-yr) 6/3/21
☐ 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: 10+ gpm
Bore Hole Diameter: 9 in. to 71 ft. and ..... in. to ..... ft.

**5 Latitude:** .....(decimal degrees)
**Longitude:** .....(decimal degrees)
Horizontal 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: ☒ Household ☐ Lawn & Garden ☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID .....
6. ☐ Dewatering: how many wells? .....
7. ☐ Aquifer Recharge: well ID .....
8. ☐ Monitoring: well ID .....
9. Environmental Remediation: well ID ..... ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ Injection
10. ☐ Oil Field Water Supply: lease .....
11. Test Hole: well ID ..... ☐ Cased ☐ Uncased ☐ Geotechnical
12. Geothermal: how many bores? ..... a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ Other (specify): .....

**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 71 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to 250 ft.
Casing height above land surface 26 in. Weight 200 lbs./ft. Wall thickness or gauge No. .250

TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify) .....
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous Slot ☒ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) .....
☐ Louvered Shutter ☒ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 38 ft. to 71 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 26 ft. to 71 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....
Grout Intervals: From 0 ft. to 26 ft., From ..... ft. to ..... 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) .....
Direction from well? SOUTH Distance from well? 400 approx ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---|---|---|---|---|---|
| 0 | 4 | DARK CLAY | | | |
| 4 | 12 | LITE BROWN CLAY | | | |
| 12 | 44 | LITE COLOR SHALE | | | |
| 44 | 50 | LITE BROWN SHALE | | | |
| 50 | 57 | LITE COLOR LIMESTONE | | | |
| 57 | 64 | LITE COLOR CLAY & SHALE | | | |
| 64 | 71 | GRAY SHALE & GYPSUM ROCK | | | |
| | | | Notes: | | |
| | | | | | |

**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) 6/3/21 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 397 This Water Well Record was completed on (mo-day-year) 6/9/21 under the business name of CENTRAL KANSAS DRILLING Signature Harold D. Martin

Mail 1 white copy along with a fee of $5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 **Revised 7/10/2015**