

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

(to rectify lacking or incorrect information)

County: Ness

Location listed as:

Section-Township-Range: 21-16S-25W

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

Location changed to:

21-16S-25W

SE SE SE SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & Longitude, KGS' "LEO" conversion tool, legal description, and mapping tool & aerial photos on KGS website.

initials: ARL date: 5/29/2012

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.

<p>1 LOCATION OF WATER WELL: County: <u>Ness</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>. <div style="font-size: 2em; text-align: center; margin-top: 10px;">HC Box 124</div> </p>	<p>Fraction <u>SW 1/4 SE 1/4 SE 1/4 SE 1/4</u></p>	<p>Section Number <u>21</u></p>	<p>Township No. T <u>16</u> S</p>	<p>Range Number R <u>25</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W</p>
<p>2 WATER WELL OWNER: RR#, Street Address, Box #: <u>Jeff Young</u> City, State, ZIP Code: <u>HC Box 124</u> <u>Arnold, KS 67584</u></p>		<p>Global Positioning System (GPS) information: Latitude: <u>38.38 22 N</u> (in decimal degrees) Longitude: <u>100.5 38 W</u> (in decimal degrees) Elevation: _____ Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m</p>		

<p>3 LOCATE WELL WITH AN "X" IN SECTION BOX: N</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> <td style="width: 25%;">E</td> </tr> <tr> <td>SW</td> <td>SE</td> <td></td> </tr> <tr> <td colspan="3">S</td> </tr> </table> <p>-----1 mile-----</p>	NW	NE	E	SW	SE		S			<p>4 DEPTH OF COMPLETED WELL <u>95</u> ft. Depth(s) Groundwater Encountered (1) <u>74</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>74</u> ft. below land surface measured on mo/day/yr <u>1-17-11</u> Pump test data: Well water was <u>16</u> ft. after <u>2</u> hours pumping <u>20</u> gpm EST. YIELD <u>20</u> gpm Well water was <u>16</u> ft. after <u>2</u> hours pumping <u>20</u> gpm Bore Hole Diameter <u>8</u> in. to <u>9.5</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well <u>tree conservation</u> Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
NW	NE	E								
SW	SE									
S										

5 TYPE OF CASING USED: Steel PVC Other _____
CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter 5 in. to 9.5 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 15 in., Weight 5 lbs./ft., Wall thickness or gauge No. Sch 40
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 70 ft. to 95 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 25 ft. to 95 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 70 ft. to 5 ft., From 9.5 ft. to 25 ft., From 25 ft. to 95 ft.
 What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below) gravel
 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
<u>0</u>	<u>3</u>	<u>Topsoil</u>			
<u>3</u>	<u>22</u>	<u>Clay dark brown sandy</u>			
<u>22</u>	<u>37</u>	<u>cemented sand clay streaks</u>			
<u>37</u>	<u>45</u>	<u>sand very fine</u>			
<u>45</u>	<u>58</u>	<u>clay brown</u>			
<u>58</u>	<u>74</u>	<u>clay with very fine sand</u>			
<u>74</u>	<u>92</u>	<u>sand coarse to very fine</u>			
<u>92</u>	<u>95</u>	<u>Shale Black</u>			

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) 1-7-11 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 827 This Water Well Record was completed on (mo/day/year) 1-17-11
 under the business name of Evel Windmill Repair by (signature) David L. Evel

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 <http://www.kdheks.gov/waterwell/index.html>.