

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

(to rectify lacking or incorrect information)

County: Barton

Location listed as:

Section-Township-Range: 19-13-19WFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NE SW SW

Location changed to:

Sec 19-19S-13WNE SW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Barton Co. map; city of Great Bendinitials: EP date: 6/28/2006

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.

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Barton		NE 1/4 SW 1/4 SW 1/4		19		T 13 S		R 19W E/W	
Distance and direction from nearest town or city street address of well if located within city?									
In City of Great Bend, Kansas									
2 WATER WELL OWNER: Jim Heaton									
RR#, St. Address, Box # : 2112 Lincoln									
City, State, ZIP Code : Great Bend, Kansas 67530									
Board of Agriculture, Division of Water Resources									
Application Number: None									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 65 ft. ELEVATION: Unknown							
		Depth(s) Groundwater Encountered 1. 19 ft. 2. ft. 3. ft.							
		WELL'S STATIC WATER LEVEL 19 ft. below land surface measured on mo/day/yr 5/10/90							
		Pump test data: Well water was ft. after hours pumping gpm							
		Est. Yield 60 gpm Well water was ft. after hours pumping gpm							
		Bore Hole Diameter 8 in. to 65 ft., and in. to ft.							
WELL WATER TO BE USED AS:									
1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well									
2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
7 Lawn and garden only 10 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 BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded									
7 Fiberglass Threaded									
Blank casing diameter .5 in. to .XXX 45 ft., Dia. in. to ft., Dia. in. to ft.									
Casing height above land surface 12 in., weight 2.8 lbs./ft. Wall thickness or gauge No. Sch. 40									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)									
9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes									
7 Torch cut 10 Other (specify)									
SCREEN-PERFORATED INTERVALS: From 45 ft. to 65 ft., From ft. to ft.									
From ft. to ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From 20 ft. to 45 ft., From 65 ft. to ft.									
From ft. to ft., From ft. to ft.									
6 GROUT MATERIAL:									
1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout Intervals: From 0 ft. to 20 ft., From ft. to ft., From ft. to ft.									
What is the nearest source of possible contamination:									
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)									
13 Insecticide storage									
Direction from well? East How many feet? 50									
LITHOLOGIC LOG									
FROM	TO								
0	22	Clay							
22	30	Sand							
30	40	Clay							
40	65	Sand and Gravel							
PLUGGING INTERVALS									
FROM	TO								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5/10/90 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/yr) 6/24/90									
under the business name of Kelly's Water Well Service, Inc. by (signature)									
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

OFFICE USE ONLY

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