

County: Barton Fraction: NW,NW,NE Sec. 30 T. 19 S R. 13 ~~(W)~~

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

Owner: Shannon & Jennifer Scharz

If location corrected, was listed as:

Section-Township-Range: _____

Fraction (¼ calls): _____

Location changed to:

Other changes: Initial statements: Direction & distance to nearest source of pot. contamination provided, but ^{pot.} source info. not provided.

Changed to: "Other" marked and "house" specified.

Comments: _____

Verification method: Talked to Water Well Contractor

Initials: PKC Date: 6/30/16

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

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

WATER WELL RECORD

Form WWC-5

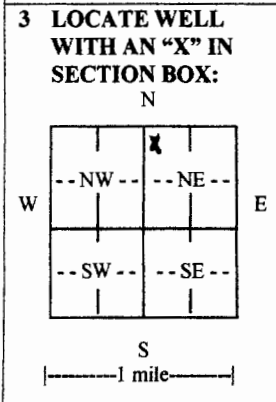
Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Barton	Fraction ¼ NW ¼ NW ¼ NE ¼	Section Number 30	Township No. T 19 S	Range Number R 13 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .
2230 Prairie Rose Drive, Great Bend, KS

Global Positioning System (GPS) information:
Latitude: **38.374582** (in decimal degrees)
Longitude: **98.800097** (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: **Shannon & Jennifer Schartz**
RR#, Street Address, Box #: **2230 Prairie Rose Drive**
City, State, ZIP Code : **Great Bend, KS 67530**



4 DEPTH OF COMPLETED WELL **60** ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
WELL'S STATIC WATER LEVEL **12** ft. below land surface measured on mo/day/yr. **6-3-16**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
EST. YIELD **N/A** gpm. Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter **10** in. to **60** 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 **60** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface **18** in., Weight **SDR-26** lbs./ft., Wall thickness or gauge No. _____

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 **60** ft. to **40** ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **60** ft. to **20** 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 _____ ft. to _____ ft., From **20** ft. to **0** 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 ... **West** ... Distance from well ... **15.6** ...

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Top soil			
3	9	Brown clay			
9	29	Sand & gravel- small med clean & coarse			
29	34	Tan clay streaks w/ gravel			
34	60	Sand & gravel- small med			

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) **6-3-16** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **134**. This Water Well Record was completed on (mo/day/year) **6-10-16** under the business name of **Rosencrantz- Bemis Ent Inc** by (signature) *Dora Alay*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy 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>