

County: Gray Fraction: NE SW SW Sec. 10 T. 26 S R. 27 W

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

Owner: Giessel Farms

If location corrected, was listed as:

Section-Township-Range: \_\_\_\_\_

Fraction (1/4 calls): NE NE SW

Location changed to:

NE SW SW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: Fraction changes are made per KGS Geohydrologist.

Verification method: Verified with KGS WCC5 Mapper.

Initials: SW Date: 08-02-2019

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

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: <u>Gray</u>	<u>NE 1/4 NE 1/4 SW 1/4</u>	<u>10</u>	T <u>26</u> S	R <u>27</u> E <u>W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>From Cimarron, 4 miles east on Hwy. 50</u>					
2 WATER WELL OWNER: <u>Bobby Giessel-Giessel Farms</u>					
RR#, St. Address, Box # : <u>Rt.</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Spearville, KS. 67876</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>185</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.			
		WELL'S STATIC WATER LEVEL <u>95</u> ft. below land surface measured on mo/day/yr <u>5-7-03</u>			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm			
WELL WATER TO BE USED AS:		5 Public water supply      8 Air conditioning      11 Injection well <input checked="" type="radio"/> Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below) 2 Irrigation      4 Industrial      7 Domestic (lawn & garden)      10 Monitoring well .....			
Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
5 TYPE OF BLANK CASING USED:					
1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued <input checked="" type="checkbox"/> ..... Clamped ..... <input checked="" type="radio"/> PVC      4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded ..... Blank casing diameter ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft. Casing height above land surface <u>12</u> in., weight ..... lbs./ft. Wall thickness or gauge No. <u>SPR 21</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel      3 Stainless Steel      5 Fiberglass <input checked="" type="radio"/> PVC      10 Asbestos-Cement 2 Brass      4 Galvanized Steel      6 Concrete tile      8 RMP (SR)      11 Other (Specify) ..... SCREEN OR PERFORATION OPENINGS ARE:      5 Gauzed wrapped <input checked="" type="radio"/> Saw cut      11 None (open hole) 1 Continuous slot      3 Mill slot      6 Wire wrapped      9 Drilled holes 2 Louvered shutter      4 Key punched      7 Torch cut      10 Other (specify) ..... ft.					
SCREEN-PERFORATED INTERVALS: From <u>145</u> ft. to <u>185</u> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>120</u> ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement      2 Cement grout <input checked="" type="radio"/> Bentonite      4 Other .....					
Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From <u>120</u> ft. to <u>125</u> 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 <input checked="" type="radio"/> 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? <u>West</u> How many feet? <u>50</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	20	Brown clay			
20	22	Med. sand			
22	35	Brown clay			
35	40	Brown sandy clay			
40	42	Med. Sand			
42	89	Brown sandy clay			
89	92	Sandrock			
92	100	Course sand			
100	105	Brown clay			
105	121	Course sand			
121	125	Brown clay			
125	140	Course sand			
140	185	Med. Sand & Sandrock			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-7-03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>533</u> This Water Well Record was completed on (mo/day/yr) <u>9-28-03</u> under the business name of <u>Santzen Water Well Repair</u> by (signature) <u>[Signature]</u>					
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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					