

County: Gray Fraction: NW SW NE Sec. 12 T. 26 S. R. 28 W

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

Owner: Gus Pacific

If location corrected, was listed as:

Section-Township-Range: 12-26-27W

Fraction (1/4 calls): NW SE SE

Location changed to:

12-26-28W

NW SW NE

Other changes: Initial statements:

Changed to:

Comments:

Verification method: KGS Geohydrologist, KGS mapper, public record with address for owner

Initials: SH Date: 07-25-2019

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 66112-1367

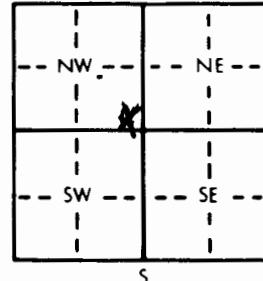
(rev 01/26/2018)

LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>GRAY</b>	<b>NW 1/4 SE 1/4 SE 1/4</b>	<b>12</b>	<b>T 26 S</b>	<b>R 27 E/W</b>

Distance and direction from nearest town or city street address of well if located within city?

**EAST EDGE OF CINARON HWY 50****SOUTH SIDE**

WATER WELL OWNER:

**GUS PACIFIC****CINARON, KS**Board of Agriculture, Division of Water Resources  
Application Number:IR#, St. Address, Box # :  
City, State, ZIP Code

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL ..... **210** ft. ELEVATION: .....

Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL ..... **35** ft. below land surface measured on mo/day/yr **2/1/89**

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter **9.758** in. to **210** ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

<input checked="" type="checkbox"/> Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
2 Irrigation	4 Industrial	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 submittedWater Well Disinfected? Yes  No

TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)  
 PVC 4 ABS

5 Wrought iron

8 Concrete tile

CASING JOINTS: Glued  Clamped .....6 Asbestos-Cement  
7 Fiberglass

9 Other (specify below)

Welded .....

Threaded .....

Blank casing diameter ..... **5** in. to **182** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.asing height above land surface. .... **18** in., weight ..... **200** lbs./ft. Wall thickness or gauge No. **200**

YPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel  
2 Brass 4 Galvanized steel  
3 Mill slot  
4 Louvered shutter  
5 Key punched

5 Fiberglass

7 PVC

10 Asbestos-cement

6 Concrete tile

8 RMP (SR)

11 Other (specify) .....

7 Gauzed wrapped

9 ABS

12 None used (open hole)

6 Wire wrapped

10 Saw cut

11 None (open hole)

7 Torch cut

9 Drilled holes

10 Other (specify) .....

CREEN-PERFORATED INTERVALS: **182** from ..... **210** ft. to ..... ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... **100** ft. to **210** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

ROUT INTERVALS: From ..... **4** ft. to ..... **100** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> Septic tank	4 Lateral lines	7 Pit privy
2 Sewer lines	5 Cess pool	8 Sewage lagoon
3 Watertight sewer lines	6 Seepage pit	9 Feedyard

10 Livestock pens 14 Abandoned water well

11 Fuel storage 15 Oil well/Gas well

12 Fertilizer storage 16 Other (specify below)

13 Insecticide storage .....

How many feet? **100**irection from well? **xx** **north**

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

<b>0</b>	<b>8</b>	<b>TOP SOIL</b>		
<b>8</b>	<b>35</b>	<b>BROWN SANDY CLAY</b>		
<b>35</b>	<b>51</b>	<b>COURSE GRAVEL (LOOSE)</b>		
<b>51</b>	<b>60</b>	<b>BROWN SANDY CLAY</b>		
<b>60</b>	<b>67</b>	<b>FINE TO MED SAND AND GRAVEL (LOOSE)</b>		
<b>67</b>	<b>140</b>	<b>BROWN SANDY CLAY</b>		
<b>140</b>	<b>146</b>	<b>FINE TO MED SAND</b>		
<b>146</b>	<b>150</b>	<b>BROWN SANDY CLAY</b>		
<b>150</b>	<b>158</b>	<b>FINE TO MED SAND AND GRAVEL (LOOSE)</b>		
<b>158</b>	<b>175</b>	<b>BROWN SANDY CLAY</b>		
<b>175</b>	<b>210</b>	<b>FINE TO MED SAND AND GRAVEL</b>		

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **2/1/89** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **172** This Water Well Record was completed on (mo/day/year) **7/1/91**Under the business name of **JONAGAN DRILLING CO.** 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.