

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 (¼ 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 66612-1367

LOCATION OF WATER WELL: Fraction **NW 1/4 SE 1/4 SE 1/4** Section Number **12** Township Number **T 26 S** Range Number **R 27 E/W**  
 County: **GRAY**  
 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 7/8** in. to **210** ft. and . . . . . in. to . . . . . ft.

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

☒ 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:

5 Wrought iron

8 Concrete tile

CASING JOINTS: Glued ☒ Clamped

1 Steel

3 RMP (SR)

6 Asbestos-Cement

9 Other (specify below)

Welded

☒ PVC

4 ABS

7 Fiberglass

Threaded

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

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

☒ RMP (SR)

11 Other (specify)

9 ABS

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot

☒ 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: **182** From **210** 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.

GROUT MATERIAL:

1 Neat cement

2 Cement grout

☒ Bentonite

4 Other

Grout Intervals: From **4** ft. to **100** ft. From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft.

What is the nearest source of possible contamination:

☒ 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?

**XXXXXX north**

How many feet?

**100**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	TOP SOIL			
8	35	BROWN SANDY CLAY			
35	51	COURSE GRAVEL (LOOSE)			
51	60	BROWN SANDY CLAY			
60	67	FINE TO MED SAND AND GRAVEL (LOOSE)			
67	140	BROWN SANDY CLAY			
140	146	FINE TO MED SAND			
146	150	BROWN SANDY CLAY			
150	158	FINE TO MED SAND AND GRAVEL (LOOSE)			
158	175	BROWN SANDY CLAY			
175	210	FINE TO MED SAND AND GRAVEL			

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) **2/1/89** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **172** This Water Well Record was completed on (mo/day/yr) **2/1/91**  
 Under the business name of **JONAGAN DRILLING CO.** by (signature) *[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.