

County: Ford Fraction: NW, NE, NW, SW Sec. 8 T. 27 S R. 24 W

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

Owner: Espiry Beltran Household well

If location corrected, was listed as:

Location changed to:

Section-Township-Range: _____

Fraction (¼ calls): NE, NW, SW

NW, NE, NW, SW

Other changes: Initial statements: Incomplete well location information provided.

Changed to: Lat. 37.714110 and Long. -99.975598 (Google Earth WGS84)

Comments: Contractor provided additional well location information.

Verification method: Confirmed with STR Finder and Google Earth.

Initials: PKC Date: 2/14/2022

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

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

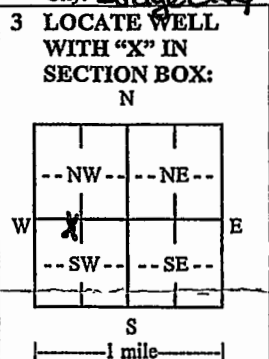
W2002-01

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:
 County: **Ford** Fraction: **NE 1/4 NW 1/4 SW 1/4** Section Number: **8** Township Number: **T 27 S** Range Number: **R 04 E 1 W**

2 WELL OWNER: Last Name: **Beltran** First: **Espinoza**
 Business: _____
 Address: **11378 113 Rd**
 City: **Dodge City** State: **KS** ZIP: **67801**
 Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): **Hwy 400 + 113 Rd. Turn east for 1/8 mile and go south one mile then 1/4 mile East then north 1/2 mile on unnamed Rd.**



4 DEPTH OF COMPLETED WELL: **212** ft.
 Depth(s) Groundwater Encountered: 1) _____ ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: **91** ft.
 below land surface, measured on (mo-day-yr) _____
 above land surface, measured on (mo-day-yr) _____
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Well water was _____ ft. after _____ hours pumping _____ gpm
 Estimated Yield: **100** gpm
 Bore Hole Diameter: **10 7/8** in. to _____ ft. and _____ in. to _____ ft.

5 Latitude: _____ (decimal degrees)
Longitude: _____ (decimal degrees)
 Horizontal Datum: WGS 84 NAD 83 NAD 27
 Source for Latitude/Longitude:
 GPS (unit make/model: _____) (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper: _____
6 Elevation: _____ ft. Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other _____

7 WELL WATER TO BE USED AS:

1. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	2. <input type="checkbox"/> Irrigation	3. <input type="checkbox"/> Feedlot	4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID _____	6. <input type="checkbox"/> Dewatering: how many wells? _____	7. <input type="checkbox"/> Aquifer Recharge: well ID _____	8. <input type="checkbox"/> Monitoring: well ID _____	9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease _____	11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	12. Geothermal: how many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water	13. <input type="checkbox"/> Other (specify): _____
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Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: _____
 Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other _____ CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter **5** in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface _____ in. Weight _____ lbs./ft. Wall thickness or gauge No. _____
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel Fiberglass PVC Other (Specify) _____
 Brass Galvanized Steel Concrete tile None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) _____
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)
SCREEN-PERFORATED INTERVALS: From **172** ft. to **212** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Intervals: From **175** ft. to **125** ft., From **115** ft. to **70** ft., From **21** ft. to **0** ft.
 Nearest source of possible contamination:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify) _____
 Direction from well? **SE** Distance from well? **200** ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	8	Sandy Top Soil			
8	70	Large Coarse sand			
70	115	Tan clay			
115	125	Tan Sand			
125	175	Tan clay			
175	200	Coarse Sand			
200	212	Blue clay			
			Notes:		

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-yr) **12/8/21** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **672** This Water Well Record was completed on (mo-day-yr) **12/15/21** under the business name of **Cradis Water Well Service** Signature: _____