

County: Gray Fraction SW NW SW SW Sec. 5 T 29 S R 30 E (W)

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

Owner: Arlene Bunnell

Location was listed as:

Location changed to:

Section-Township-Range: 5-29 S-30 W

5-29 S-30 W

Fraction ( $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): None Given

SW NW SW SW

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

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

Comments: \_\_\_\_\_

Verification method: written & legal descriptions, Gray County online  
parcel search, and mapping tool & aerial photos on  
KGS website. initials: DR date: 11/25/2013

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

<b>1 LOCATION OF WATER WELL:</b> County: GRAY	Fraction <div style="display: flex; justify-content: space-around;"> <span>1/4</span> <span>1/4</span> <span>1/4</span> <span>1/4</span> </div>	Section Number 5	Township No. T 29 S	Range Number R 30 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> SUBLETTE: NE on Hwy 56 to W side of Copland to 2 rd go N on 2 rd .5 miles tan house on E		<b>Global Positioning System (GPS) information:</b> Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: .....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m			
<b>2 WATER WELL OWNER:</b> BUNNELL, ARLENE RR#, Street Address, Box #: 31808 2 ROAD City, State, ZIP Code : COPLAND, KS 67837					
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N <div style="text-align: center;"> </div> W <span style="margin-left: 100px;">E</span> S  -----1 mile-----	<b>4 DEPTH OF COMPLETED WELL</b> 420 ..... ft. Depth(s) Groundwater Encountered (1) 238 ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL 238 ..... ft. below land surface measured on mo/day/yr. 7-11-13 ..... Pump test data: Well water was 290 ..... ft. after 1 ..... hours pumping 70 ..... gpm EST. YIELD 70 ..... gpm. Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter 9.75 ..... in. to 420 ..... ft., and ..... in. to ..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well ..... Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted ..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... <b>CASING JOINTS:</b> <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 5 ..... in. to 420 ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 24 ..... in., Weight 4.074 ..... lbs./ft., Wall thickness or gauge No. SDR 21-316 ..... <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) ..... <b>SCREEN-PERFORATED INTERVALS:</b> From 340 ..... ft. to 420 ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From 180 ..... ft. to 420 ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>6 GROUT MATERIAL:</b> <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From 1 ..... ft. to 25 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well ..... Direction from well ..... Distance from well .....					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	TOP SOIL	374	410	MED SAND
4	38	TAN CLAY/CALICHE	410	430	SANDY CLAY/RED,BLUE/CLAY STREAKS
38	51	CALICHE CLAY/SANDY CLAY			
51	168	MED /COARSE SAND			
168	210	MED SAND/CLAY STREAKS			
210	255	COARSE SAND			
255	318	BLUE CLAY/SAND STREAKS			
318	332	SANDY CLAY			
332	351	CLAY/SAND STREAKS			
351	374	MED SAND			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 7-11-13 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 430 ..... This Water Well Record was completed on (mo/day/year) 7-11-13 ..... under the business name of Howard Ding Co Box 806 Beaver Ok 73932.. by (signature) <i>Phil L. Ding</i> ..... <b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a>					