

County: Gray Fraction SE NE NW SE Sec. 25 T 29 S R 30 E/W (W)

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)

(to rectify lacking or incorrect information)

Owner: Arthur Fisher

Location was listed as:

Section-Township-Range: 25-29 S-30 W

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

Location changed to:

25-29 S-30 W

SE NE NW SE

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

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

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

Verification method: Latitude & Longitude, KGS' "LEO" conversion tool,

well site address & area road map, written description, and mapping  
tool & aerial photos on KGS website. initials: ARL date: 9/20/2013

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 1/4    1/4    1/4    1/4		Section Number 25	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"/> . 4/10 of a mile from 6706 JJ Rd				<b>Global Positioning System (GPS) information:</b> Latitude: 37.29' 43.7565 N..... (in decimal degrees) Longitude: 100.32' 51.4573 W..... (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> Arthur Fisher RR#, Street Address, Box #: 6706 JJ Road City, State, ZIP Code : Copeland, KS 67837										
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:50%;">NW</td> <td style="width:50%;">NE</td> </tr> <tr> <td>SW</td> <td>SE</td> </tr> </table> S  -----1 mile-----		NW	NE	SW	SE	<b>4 DEPTH OF COMPLETED WELL 272</b> ..... ft. Depth(s) Groundwater Encountered (1) 231..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 231..... ft. below land surface measured on mo/day/yr. 8/1/132..... Pump test data: Well water was..... ft. after..... hours pumping..... gpm EST. YIELD. 25..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 10..... in. to ..... 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				
NW	NE									
SW	SE									
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 5..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 18..... in., Weight ..... lbs./ft., Wall thickness or gauge No. 200 #..... TYPE OF SCREEN OR PERFORATION MATERIAL: <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) SCREEN OR PERFORATION OPENINGS ARE: <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) ..... SCREEN-PERFORATED INTERVALS: From 272..... ft. to 232..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From 20..... ft. to 205..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.										
<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From 0..... ft. to 20..... 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	30	Top Soil	165	167	Sand & Hard Lime					
30	45	Clay & Lime	169	183	Sand & Cemented Sand					
45	56	Clay, Lime & Sand	185	213	Sand					
56	63	Sand	213	229	Fine Sand					
75	90	Clay & Cemented Sand	229	243	Sand & Gravel					
90	105	Sand, Cemented Sand & Clay	258	272	Sand & Clay (Blue)					
105	120	Sand & a little Clay								
125	135	Cemented Sand & Clay								
135	158	Sand								
158	165	Clay & Lime								
<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) 8/1/2013..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) 8/30/2013..... under the business name of Owner..... by (signature) <i>Arthur Fisher</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> .										