

County: Norton Fraction SE SE NE NW Sec. 34 T 2 S R 23 E/W

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

(to rectify lacking or incorrect information)

Owner: Jeremie Krehbiel

Location was listed as:

Section-Township-Range: 34-25-23W

Fraction (1/4 1/4 1/4): None Given

Location changed to:

34-25-23W

SE SE NE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: well site address, city street map, and mapping tool & aerial photos on KGS website.

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.

initials: DRJ date: 9/26/2013

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. [REDACTED]

1 LOCATION OF WATER WELL: County: <u>Norton</u>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>34</u>	Township Number T <u>2</u> <u>S</u>	Range Number R <u>23</u> <u>E</u> <u>W</u>
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Distance and direction from nearest town or city street address of well if located within city?
910 West Ave.

2 WATER WELL OWNER: Jeremie Krehbici
RR#, St. Address, Box # : 910 West Ave.
City, State, ZIP Code : Norton, KS 67654

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

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

N			
--NW--	--NE--		
W			E
--SW--	--SE--		
S			

4 DEPTH OF COMPLETED WELL 103 ft.

Depth(s) Groundwater Encountered (1).....80..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL.....83..... ft. below land surface measured on mo/day/yr. 7-19-13
Pump test data: Well water was.....ft. after..... hours pumping..... gpm
Est. Yield 10.....gpm: Well water was.....ft. after..... hours pumping..... gpm
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes No ; If yes, mo/day/yr
Sample was submitted..... Water well disinfected? Yes No

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped..... Welded..... Threaded.....
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	
		7 Fiberglass		

Blank casing diameter 5 in. to 8.3 ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface..... 30' in., weight..... lbs./ft. Wall thickness or gauge No. 200 PSI

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> PVC	9 ABS	11 Other (Specify)
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	5. Guazed wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From.....8.3..... ft. to103..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From.....2.5..... ft. to103..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

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

Grout Intervals: From.....0..... ft. to2.5..... ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide Storage	16 Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	
<input checked="" type="checkbox"/> Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer Storage	15 Oil wll/gas well	

Direction from well? North How many feet? 60

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Black Dirt			
5	35	brown clay			
35	60	brown clay, yellow clay			
60	80	yellow clay			
80	103	White clay balls with sand			
103		ORCH			

7 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) 7-19-13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 756..... This Water Well Recored was completed on (mo/day/year) 7-20-13..... Under the business name of Gallentine Well Service by (signature) Doug Hallid

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-