

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

(to rectify lacking or incorrect information)

County: Meade

Location listed as:

Section-Township-Range: None GivenFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE SW SW

Location changed to:

4-30S-28WNE SE SE SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool, and mapping tool on KGS website.initials: DRJ date: 12/31/2007submitted 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.

1 LOCATION OF WATER WELL:
 County: Meado Fraction SE 1/4 SW 1/4 SW 1/4 Section Number _____ Township Number T S Range Number R E/W
 Distance and direction from nearest town or city street address of well if located within city? _____ **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: 37° 27.694 N
 Longitude: 100° 23.322 W
 Elevation: 2615
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: Steve Weller
 RR#, St. Address, Box # : _____
 City, State, ZIP Code : Meado, KS 67864

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

| | | |
|----|----|---|
| NW | NE | E |
| SW | SE | S |

 W
 S
 An 'X' is marked in the SE corner of the section box.

4 DEPTH OF COMPLETED WELL 240 ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL..... 122 ft. below land surface measured on mo/day/yr. 10-9-07
 Pump test data: Well water was..... 122 ft. after..... 1 hours pumping..... 30 gpm
 Est. Yield... 50 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
 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) 6 Asbestos-Cement 8 Concrete tile CASING JOINTS: Glued.. Clamped.....
 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded.....
 Blank casing diameter 5 in. to 200 ft., Diameter. in. to ft., Diameter in. to ft.
 Casing height above land surface..... 24 in., Weight lbs./ft. Wall thickness or gauge No. 200#
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 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 Mill slot 5 Gauzed 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..... 200 ft. to 240 ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From..... 20 ft. to 240 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 top ft. to 20 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
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage Abandoned water well below
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
 Direction from well? NE How many feet? 30

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|----------------|------|----|--------------------|
| 0 | 4 | top soil | | | |
| 4 | 14 | white clay | | | |
| 14 | 158 | sand + gravel | | | |
| 158 | 165 | blue clay | | | |
| 105 | 167 | brown clay | | | |
| 167 | 240 | sand + gravel | | | |
| | | | | | |
| | | | | | |

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) ... 10-12-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ... 101 This Water Well Record was completed on (mo/day/year) ... 12-9-07 under the business name of Bartel Well Drilling, Inc. by (signature) Ruben J. Bartel

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 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.