

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

County: Barber

Location listed as:

Section-Township-Range: 12-325-23 W

Fraction (1/4 1/4 1/4): SE NE SE NW

Location changed to:

12-325-12 W

SE NE SE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & Longitude, KGS' "LEO" conversion tool, wellsite address & area street map, and mapping tool on KGS website. initials: DRA date: 11/22/2011

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.

1 LOCATION OF WATER WELL: County: Barber	Fraction SE ¼ NE ¼ SE ¼ NW ¼	Section Number 12	Township No. T 32 S	Range Number R 23 <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"/> 218 S. Main Street Medicine Lodge, KS		Global Positioning System (GPS) information: Latitude: .37.27839 (in decimal degrees) Longitude: 98.57879 (in decimal degrees) Elevation: 1491.98 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		
2 WATER WELL OWNER: Former FFP #671 RR#, Street Address, Box #: 218 S. Main Street City, State, ZIP Code : Medicine Lodge, KS				

<p>3 LOCATE WELL WITH AN "X" IN SECTION BOX: N</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;">NW</td> <td style="width: 5%;">NE</td> <td style="width: 5%;"></td> </tr> <tr> <td style="width: 5%;">W</td> <td style="width: 5%; border: 1px solid black; text-align: center;">X</td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> </tr> <tr> <td style="width: 5%;"></td> <td style="width: 5%;">SW</td> <td style="width: 5%;">SE</td> <td style="width: 5%;"></td> </tr> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;">E</td> </tr> </table> <p style="text-align: center;">S -----1 mile----- </p>		NW	NE		W	X				SW	SE					E	<p>4 DEPTH OF COMPLETED WELL 25..... ft.</p> <p>Depth(s) Groundwater Encountered (1) 17..... ft. (2)..... ft. (3)..... ft.</p> <p>WELL'S STATIC WATER LEVEL 15.34..... ft. below land surface measured on mo/day/yr. 6/14/2011.....</p> <p>Pump test data: Well water was.....ft. after..... hours pumping..... gpm</p> <p>EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm</p> <p>Bore Hole Diameter.....in. to.....ft., and.....in. to.....ft.</p> <p>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input 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 checked="" type="checkbox"/> Monitoring well MW7 Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
	NW	NE															
W	X																
	SW	SE															
			E														

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **2**..... in. to **15**..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.

Casing height above land surface **6.048**..... in., Weight.....lbs./ft., Wall thickness or gauge No. **Sch 40 PVC**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)

Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)

SCREEN-PERFORATED INTERVALS: From **15**..... ft. to **25**..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From **13**..... ft. to **25**..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From **1**..... ft. to **13**..... ft., From..... ft. to..... ft., From..... ft. to..... ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well **Lust Site**
 Direction from well..... Distance from well.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Top Soil			
1	5	Clay, silty, brown, low plasticity			
5	20	Sand, very fine to medium, brown			
20	25	Clay, weathered shale, brown, red			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **6/14/2011**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **594**..... This Water Well Record was completed on (mo/day/year) **7/26/2011**..... under the business name of **Coranco Great Plains Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.