

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

County: BARBER

Location listed as:

Location ~~changed~~ to:

Section-Township-Range: \_\_\_\_\_

11-32-13W

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  ): \_\_\_\_\_

SW SW NW

Other changes: Initial statements: owner was listed as Chieftain Oil Co.

owner is Molz Property

added rural address to location:

7716 SW Hwy 160, Medicine Ways

Comments: use confirmed domestic - for cabin in pasture.

verification method: call from owner to KGS on 5/23/2012

KGS code: 452573 initials: DA date: 5/23/2012

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: <b>Barber</b>	Fraction <b>1/4 SW 1/4 SW 1/4 NW 1/4</b>	Section Number <b>11</b>	Township No. <b>T 32 S</b>	Range Number <b>R 13</b> <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"/> <b>Approximately 7 miles west of Medicine Lodge.</b>		<b>Global Positioning System (GPS) information:</b> Latitude: <b>37.27652</b> (in decimal degrees) Longitude: <b>-98.711281</b> (in decimal degrees) Elevation: <b>unknown</b> Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <b>WAAS</b> ) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
<b>2 WATER WELL OWNER:</b> <b>Chieftain Oil Co., Inc.</b> RR#, Street Address, Box #: <b>P.O. Box 124</b> City, State, ZIP Code : <b>Kiowa, KS 67070</b>				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N W <table border="1" style="display: inline-table; text-align: center; width: 60px; height: 60px;"> <tr><td>--NW--</td><td>--NE--</td></tr> <tr><td>x</td><td></td></tr> <tr><td>--SW--</td><td>--SE--</td></tr> </table> E S  -----1 mile-----	--NW--	--NE--	x		--SW--	--SE--	<b>4 DEPTH OF COMPLETED WELL</b> <b>52</b> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <b>8.80</b> ft. below land surface measured on mo/day/yr <b>02/09/12</b> Pump test data: Well water was <input type="checkbox"/> Not checked ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>9</b> in. to <b>53</b> 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--						
x							
--SW--	--SE--						

**5 TYPE OF CASING USED:**  Steel  PVC  Other \_\_\_\_\_  
**CASING JOINTS:**  Glued  Clamped  Welded  Threaded  
 Casing diameter **5** in. to **15** ft., Diameter **5** in. to **50** ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **24** in., Weight **2.36** lbs./ft., Wall thickness or gauge No. **.214**  
**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 **35** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From **12** ft. to **53** 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 \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From **0** ft. to **12** 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 \_\_\_\_\_  
 Direction from well **West** Distance from well **50'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Topsoil			Richard Harper approved shallow grout waiver on 02/09/12.
4	15	Clay, brown, sandy			
15	25	Sand, gravel, gyp, broken shale, some brown clay			
25	28	Clay, brown			
28	53	Shale, red, green			

**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) **02/09/12** and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. **185** This Water Well Record was completed on (mo/day/year) **02/15/12**  
 under the business name of **Clarke Well & Equipment, 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>.