

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

County: Comanche

Location listed as:

Section-Township-Range: Noae Given

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

Location changed to:

32 - 32 S - 19 W

SW NE NE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool,
and mapping tool on KGS website, and county
ownership map. initials: DRL date: 12/16/2008

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: Comanche

Fraction

 $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$

Section Number

Township Number

Range Number

T S 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° 13.221Longitude: 099° 24.145Elevation: 1944Datum: NAD 83

Data Collection Method:

2 WATER WELL OWNER: Wray Valentine

RR#, St. Address, Box # :

City, State, ZIP Code

Garden City, KS 67846

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

N

-- NW --		-- NE --	
-- SW --		-- SE --	

S

4 DEPTH OF COMPLETED WELL 60 ft.

#3

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL...1.7..... ft. below land surface measured on mo/day/yr. 10-9-08Pump test data: Well water was.....20.....ft. after.....1..... hours pumping.....3.0..... gpmEst. Yield...3.0...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/yrSample was submitted..... Water well disinfected? Yes ☒ No

5 TYPE OF CASING USED:

5 Wrought Iron

8 Concrete tile

CASING JOINTS: Glued. ☒ Clamped.....

1 Steel

3 RMP (SR)

6 Asbestos-Cement

9 Other (specify below)

Welded.....

☒ PVC

4 ABS

7 Fiberglass

Threaded.....

Blank casing diameter5..... in. to40..... ft., Diameter..... in. to ft., Diameter..... in. to ft.Casing height above land surface.....24..... in., Weight lbs./ft. Wall thickness or guage 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.....40..... ft. to60..... ft., From..... ft. to ft.

From..... ft. to ft., From..... ft. to ft.

GRAVEL PACK INTERVALS: From.....20..... ft. to60..... 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.....10..... ft. to20..... 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

14 Abandoned water well

below)

3 Watertight sewer lines

6 Seepage pit

9 Feedyard

12 Fertilizer Storage

15 Oil well/gas well

Direction from well?

How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>3</u>	<u>sand</u>			
<u>3</u>	<u>18</u>	<u>brown clay</u>			
<u>18</u>	<u>27</u>	<u>sand</u>			
<u>27</u>	<u>35</u>	<u>brown clay</u>			
<u>35</u>	<u>60</u>	<u>sand + gravel</u>			

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) ..10-20-08.. 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) ..10-21-08.....under the business name of Bartel Well Drilling, Inc. by (signature) Ronald J. BartelINSTRUCTIONS: 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>.