

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

County: Meade

Location listed as:

Section-Township-Range: None Given

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

Location changed to:

29-32 S-26 W

NW NW NW NW

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: DRP 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.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Meade</u>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	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?		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: <u>37° 14.449</u> Longitude: <u>100° 10.847</u> Elevation: <u>2447</u> Datum: <u>WGS 84</u> Data Collection Method:		

**2 WATER WELL OWNER:** Arlen Blatner  
RR#, St. Address, Box # :  
City, State, ZIP Code : Fowler, KS 67844

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

N

NW	NE
SW	SE

S

**4 DEPTH OF COMPLETED WELL** ... 15.7 ft.

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

WELL'S STATIC WATER LEVEL... 110 ft. below land surface measured on mo/day/yr.....

Pump test data: Well water was... 110 ft. after... 1 hours pumping... 30 gpm

Est. Yield... 30 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)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped.....	
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded.....	
		7 Fiberglass	Threaded.....		

Blank casing diameter ..... 5 in. to ..... 11.7 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface..... 18 in., Weight ..... lbs./ft. Wall thickness or gauge No. .... 2.00

**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 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... 11.7 ft. to ... 15.7 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From... 20 ft. to ... 15.7 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 ..... 4 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 below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	<input checked="" type="checkbox"/> Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer Storage	15 Oil well/gas well	

Direction from well? ... N ..... How many feet? ... 7 .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>3</u>	<u>topsoil</u>			
<u>3</u>	<u>65</u>	<u>clay</u>			
<u>65</u>	<u>105</u>	<u>sandy white clay</u>			
<u>105</u>	<u>157</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) ..... 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) ... 10-5-09 .....  
 under the business name of Bartel Well Drilling, Inc. by (signature) Reube 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>.