

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 (1/4 1/4 1/4): _____

Location changed to:

1-325-28 W

NW NW SE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool, well owner's address, area road map, and mapping tool & aerial photos on KGS website initials: ARL date: 12/14/2009

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: Meade | Fraction ¼ ¼ ¼ ¼ | Section Number | Township No. T S | Range Number R E 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"/> . | | Global Positioning System (GPS) information: Latitude: .37.17.310 (in decimal degrees) Longitude: 100.18.762 (in decimal degrees) Elevation: 2510 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: GPSmap 60) <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: Dillco RR#, Street Address, Box #: E Hwy 54 City, State, ZIP Code : Meade, KS 67864 | | | | |

| | | | | | |
|---|----|----|----|----|--|
| 3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; width: 100px; height: 100px;"> <tr><td style="width: 50px; height: 50px; text-align: center;">NW</td><td style="width: 50px; height: 50px; text-align: center;">NE</td></tr> <tr><td style="width: 50px; height: 50px; text-align: center;">SW</td><td style="width: 50px; height: 50px; text-align: center;">SE</td></tr> </table> </div> <p style="text-align: center;">S -----1 mile-----</p> | NW | NE | SW | SE | 4 DEPTH OF COMPLETED WELL 300 ft. Depth(s) Groundwater Encountered (1) 105 ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 105 ft. below land surface measured on mo/day/yr. 8/20/09 Pump test data: Well water was 105 ft. after 1 hours pumping. 30 gpm EST. YIELD 50 gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 8 3/4 in. to 300 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 | | | | |
| SW | SE | | | | |

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter **5**..... in. to **260**..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.
Casing height above land surface **18**..... in., Weight..... lbs./ft., Wall thickness or gauge No. **200#**.....

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 **260**..... ft. to **300**..... ft., From..... ft. to..... ft.
GRAVEL PACK INTERVALS: From **20**..... ft. to **300**..... 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 **4**..... ft. to **20**..... 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

Direction from well **NE**..... Distance from well **10**.....

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|------|-----|-----------------|------|-----|--|
| 0 | 2 | Topsoil | 240 | 255 | brown clay |
| 2 | 80 | tan clay | 255 | 300 | sand and gravel |
| 80 | 90 | brown clay | | | |
| 90 | 130 | blue clay | | | |
| 130 | 175 | brown clay | | | |
| 175 | 190 | sand and gravel | | | |
| 190 | 200 | brown clay | | | |
| 200 | 225 | sand and gravel | | | |
| 225 | 230 | brown clay | | | |
| 230 | 240 | sand and gravel | | | |

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) **8/21/09**..... 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) **8/21/2009**..... under the business name of **Bartel Well Drilling, Inc**..... by (signature) *Reuben J. Bartel*.....

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>.