

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

County: Clark

Location listed as:

Location changed to:

Section-Township-Range: None Given

5-335-23 W

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

SE NE SW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: latitude & longitude, KGS' "LEO" conversion tool,
Clark County online parcel search, and mapping tool & aerial photo
on KGS website. initials: DR 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

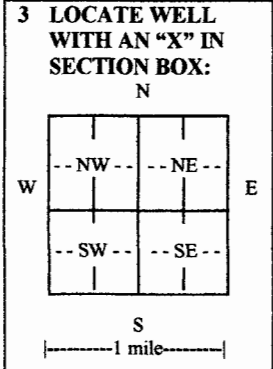
Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Clark	Fraction 1/4 1/4 1/4 1/4	Section Number	Township No. T S R	Range Number <input type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .

Global Positioning System (GPS) information:
 Latitude: 37.11,753 (in decimal degrees)
 Longitude: 099,50.896 (in decimal degrees)
 Elevation: 2096
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model: GPSmap60)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: Max Amos
 RR#, Street Address, Box #: _____
 City, State, ZIP Code : Ashland, KS 67831



4 DEPTH OF COMPLETED WELL 100 ft.

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

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

Pump test data: Well water was.....ft. after 1..... hours pumping 5..... gpm

EST. YIELD 3.....gpm. Well water was.....ft. after..... hours pumping..... gpm

Bore Hole Diameter 8 3/4.....in. to 100.....ft., and.....in. to.....ft.

WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden 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: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter 5..... in. to 60..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.

Casing height above land surface 24..... 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 60..... ft. to 100..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From 20..... ft. to 100..... 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 Top..... 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 South East Distance from well 40 feet

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	6	topsoil			
6	18	sand			
18	24	brown clay			
24	38	sand and gravel			
38	65	red clay			
65	70	sand			
70	80	red clay			
80	90	sandy red clay			
90	100	red sand			

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) 8/31/2009..... 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) 8/31/2009..... under the business name of Bartel Well Drilling, Inc..... by (signature) *Richard 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>.