

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Comanche

Location listed as:

Section-Township-Range: None Given

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

Location changed to:

4-345-19W

SE SE NW SW

Other changes: Initial statements: Clark County

Changed to: Comanche County

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool, county ownership map, and mapping tool on KGS website.

initials: DRB date: 6/9/2008

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: <u>Clark</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?		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>37° 06.561'</u> Longitude: <u>099° 23.620'</u> Elevation: <u>1919</u> Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: Gary Gink
RR#, St. Address, Box # : _____
City, State, ZIP Code : Protection, KS 67127

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S	4 DEPTH OF COMPLETED WELL ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>44</u> ft. below land surface measured on mo/day/yr. <u>4-2-07</u> Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield... <u>3</u> ...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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No
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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. to100..... 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:
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.....100..... ft. to140..... ft., From..... ft. to ft.
From..... ft. to ft., From..... ft. to ft.
GRAVEL PACK INTERVALS: From.....20..... ft. to140..... 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...top..... 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 below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage Abandoned water well
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
0	2	Topsoil			
2	37	red clay			
37	39	sand			
39	68	red clay			
68	80	sandy red clay			
80	138	red clay			
138	140	sand			

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)4-7-07..... 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) ...4-17-08..... under the business name of Bartel Well Drilling, Inc by (signature) Kenner 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>.