

County: Clark Fraction: NE-NW-SW Sec. 28 T 34 S R 25 E (W)

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

(to rectify lacking or incorrect information)

Owner: Walker, Joyce

Location was listed as:

Section-Township-Range: _____

Fraction (1/4 1/4 1/4): SW-NW-NW

Location changed to:

NE-NW-SW

Other changes: Initial statements: _____

Changed to: _____

Comments: Fractions Changed to Reflect "Well Location" Map of form

Verification method: _____

initials: CW date: 6/16/08

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 <u>SW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>28</u>	Township Number <u>T 34 S</u>	Range Number <u>R 25 E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?
3W + 1 1/2 N from Englewood

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

2 WATER WELL OWNER: Joyce Walker
RR#, St. Address, Box # : _____
City, State, ZIP Code : Englewood, KS 67840

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

N			
--NW--	--NE--		
●			
--SW--	--SE--		
S			

4 DEPTH OF COMPLETED WELL 85 ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL..... 2.7 ft. below land surface measured on mo/day/yr.....
Pump test data: Well water was..... 80ft. after..... 1 hours pumping..... 6 gpm
Est. Yield... 6gpm: 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)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued..... Clamped.....
<input checked="" type="radio"/> PVC	4 ABS	7 Fiberglass		Welded.....
				Threaded.....

Blank casing diameter 5 in. to 4.5 ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface..... 24 in., Weight..... lbs./ft. Wall thickness or gauge No. 2004

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="radio"/> 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="radio"/> 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..... 15 ft. to 85 ft., From ft. to ft.
From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From..... 20 ft. to 85 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. 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="radio"/> Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer Storage	15 Oil well/gas well	

Direction from well? ... NE How many feet? ... 70

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	topsoil			PW Eagle 5" PVC Well Casing IC-0 SDR-21 ASTM F490-02 ASTM D2241 IPS 300 PSI @ 75°F SDR-21 PVC 1120 Hastings, NE N214 06/18/2006 20:3 001145
3	18	brown clay			
18	27	red clay			
27	42	sandy red clay			
42	56	red clay			
56	85	sandy red clay			

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) 11/27/06 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) 11/27/06 under the business name of Bostel Well Drilling, Inc by (signature) Kevin J. Bostel

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.kdhe.state.ks.us/geo/waterwells>.