

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

(to rectify lacking or incorrect information)

County: Seward

Location listed as:

Section-Township-Range: None Given

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): SW SW SE

Location changed to:

25-345-32W

SW SE SW SW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

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

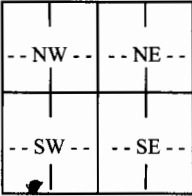
initials: DRJ date: 12/31/2007

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Seward</u>	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	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° 03.229</u> Longitude: <u>100° 45.421</u> Elevation: _____ Datum: _____ Data Collection Method: _____		
<b>2 WATER WELL OWNER:</b> <u>Manuel Lova</u> RR#, St. Address, Box # : _____ City, State, ZIP Code : <u>Liberal, KS 67901</u>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N  W      E S	<b>4 DEPTH OF COMPLETED WELL</b> <u>326</u> ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>210</u> ..... ft. below land surface measured on mo/day/yr. <u>11-15-07</u> Pump test data: Well water was..... <u>210</u> ..... ft. after..... <u>1</u> ..... hours pumping..... <u>20</u> ..... gpm Est. Yield... <u>50</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/yrs Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No .....
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<b>5 TYPE OF CASING USED:</b> 1 Steel      3 RMP (SR)      5 Wrought Iron      8 Concrete tile <input checked="" type="checkbox"/> PVC      4 ABS      6 Asbestos-Cement      9 Other (specify below) 7 Fiberglass	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped..... Welded..... Threaded.....	Blank casing diameter ..... <u>5</u> ..... in. to <u>286</u> ..... ft., Diameter..... in. to ..... ft., Diameter..... in. to ..... ft. Casing height above land surface..... <u>18</u> ..... in., Weight..... lbs./ft. Wall thickness or gauge No. <u>200#</u>
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..... <u>286</u> ..... ft. to <u>326</u> ..... ft., From..... ft. to ..... ft. From..... ft. to ..... ft., From..... ft. to ..... ft.		
GRAVEL PACK INTERVALS: From..... <u>20</u> ..... ft. to <u>326</u> ..... 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      14 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
<u>0</u>	<u>10</u>	<u>Sandy topsoil</u>			
<u>10</u>	<u>12</u>	<u>black sand</u>			
<u>12</u>	<u>15</u>	<u>brown sand</u>			
<u>15</u>	<u>50</u>	<u>sandy brown clay</u>			
<u>50</u>	<u>55</u>	<u>brown sand</u>			
<u>55</u>	<u>80</u>	<u>brown sandy clay</u>			
<u>80</u>	<u>140</u>	<u>sand + gravel</u>			
<u>140</u>	<u>150</u>	<u>brown clay</u>			
<u>150</u>	<u>326</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) 11-16-07 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) 12-9-07 under the business name of Barthel Well Drilling, Inc. by (signature) Reuben J. Barthel

**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>.