

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

3-35S-25W

Fraction ( 1/4 1/4 1/4): \_\_\_\_\_

SW NW NE SW

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

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

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

verification method: Latitude & longitude, KGS' "LEO" conversion tool, phone call to well contractor, and mapping tool & aerial photos on KGS website.

initials: ORA date: 8/17/2010

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.  

<b>1 LOCATION OF WATER WELL:</b> County: Clark	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"/> .		<b>Global Positioning System (GPS) information:</b> Latitude: <u>37.01.582</u> ..... (in decimal degrees) Longitude: <u>100.01.727</u> ..... (in decimal degrees) Elevation: <u>1982</u> ..... Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>Garmin GPSmap60</u> .....) <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		
<b>2 WATER WELL OWNER:</b> Greg Goodnight RR#, Street Address, Box #: _____ City, State, ZIP Code : Engelwood, KS 67840				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF COMPLETED WELL</b> <u>73</u> ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL <u>35</u> ..... ft. below land surface measured on <u>mo/day/yr. 10/16/09</u> ..... Pump test data: Well water was <u>60</u> ..... ft. after <u>1</u> ..... hours pumping. <u>5</u> ..... gpm EST. YIELD <u>3</u> ..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter <u>8.3/4</u> ..... in. to <u>.73</u> ..... 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
--	--

**5 TYPE OF CASING USED:**  Steel  PVC  Other .....

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter 5..... in. to 33..... 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 33..... ft. to 73..... ft., From..... ft. to..... ft.  
 From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From 20..... ft. to 73..... 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 North..... Distance from well 100 feet.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Topsoil			
5	30	brown clay			
30	60	red clay			
60	73	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) 10/19/2009..... 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) 10/19/2009..... under the business name of Bartel Well Drilling, Inc...... by (signature) [Signature].....

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>.