

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

(to rectify lacking or incorrect information)

County: Republic

Location listed as:

Section-Township-Range: 17

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

Location changed to:

17-35-4W

SW NE NE

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

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

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

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

initials: DRB date: 12/12/2007

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:

<b>1 LOCATION OF WATER WELL:</b> County: <b>Republic</b>	Fraction <b>SW ¼ NE ¼ NE ¼</b>	Section Number <b>17</b>	Town <b>T</b>
Distance and direction from nearest town or city street address of well if located within city? <b>4<sup>th</sup> and Washington, Scandia, KS</b>		<b>Global Positioning System</b> Latitude: <b>N 39.79544°</b> Longitude: <b>W 97.78500</b> Elevation: <b>1419.71 pin/</b> Datum: <b>above mean</b> Data Collection Method:	
<b>2 WATER WELL OWNER: Christensen Oil Company</b> RR#, St. Address, Box # : <b>PO Box 455</b> City, State, ZIP Code : <b>Concordia, KS 66901</b>			

Home Oil  
U5-079-12312

<b>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL 21.5</b> ft.
	<b>MW13</b>
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL <b>12.85</b> ft. below land surface measured on mo/day/yr <b>9/27/07</b>
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield _____ 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
	1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
	2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <b>10</b> Monitoring well
	Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr
	Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>

<b>5 TYPE OF CASING USED:</b>	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
<b>2</b> PVC	4 ABS	7 Fiberglass	Welded _____
			Threaded <b>X</b>
Blank casing diameter <b>2</b> in. to <b>6.5</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height below land surface <b>0.33</b> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>			
1 Steel	3 Stainless steel	5 Fiberglass	<b>7</b> PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
			9 ABS
			10 Asbestos-Cement
			11 Other (specify) _____
			12 None used (open hole)
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>			
1 Continuous slot	<b>3</b> Mill slot	5 Guaze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
			9 Drilled holes
			10 Other (specify) _____
			11 None (open hole)
<b>SCREEN-PERFORATED INTERVALS:</b>			
From <b>6.5</b> ft. to <b>21.5</b> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
<b>GRAVEL PACK INTERVALS:</b>			
From <b>5.5</b> ft. to <b>22</b> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

<b>6 GROUT MATERIAL:</b>	1 Neat cement	2 Cement grout	<b>3</b> Bentonite	<b>4</b> Other cement, 0-2 ft.
Grout Intervals	From <b>2</b> ft. to <b>5.5</b> ft.	From _____ ft. to _____ 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
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<b>11</b> Fuel storage	14 Abandoned water well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well
16 Other (specify below)				
Direction from well? _____		How many feet? _____		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Gravel, sandy topsoil, dark brown, moist			
3	5	Silty sand, gray, no petroleum odor, moist			
8	10	Silty sand, gray-brown, no petroleum odor, moist			
13	15	Sand, well sorted, fine to medium grained, gray, moist to wet, no petroleum odor			
22		Lost 0.5', heavy sand			Flushmount waiver by D. Taylor

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was **1** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **9/27/07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **757**. This Water Well Record was completed on (mo/day/year) **10/11/07** under the business name of **Larsen & Associates, Inc.** by (signature) \_\_\_\_\_

**INSTRUCTIONS:** Please fill in blanks 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>.