

CORRECTION(S) TO WATER WELL RECORD (WWC-5)  
(to rectify lacking or incorrect information)

County: Republic

Location listed as:

Location changed to:

Section-Township-Range: \_\_\_\_\_

6-4-14W

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

SW SW SE

Other changes: Initial statements: owner address submitted as:

PO Box 283

Changed to: should be:

845 US HWY 36

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

verification method: Notification by owner, via Smith Co. Health Dept.

initials: MA date: 2/27/2012

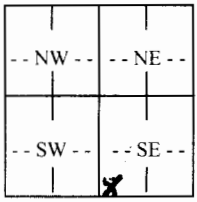
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Republic</u>	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>6</u>	Township Number <u>T 4 S</u>	Range Number <u>R 4 E</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">W</span>
Distance and direction from nearest town or city street address of well if located within city? <u>Norway - West on Hwy 188 to 80 Rd - N 2 miles and west 1/2 mile on Union Rd</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39.726306</u> Longitude: <u>97.827944</u> Elevation: _____ Datum: _____ Data Collection Method: _____		
<b>2 WATER WELL OWNER:</b> <u>Kansas Land - Cattle</u> RR#, St. Address, Box #: <u>PO Box 293</u> City, State, ZIP Code: <u>Scandia KS 66966</u>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N  S	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>100</u> ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>10</u> ..... ft. below land surface measured on mo/day/yr..... Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield... <u>7</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 1 Domestic <u>3</u> 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 <u>X</u> .....; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes <u>X</u> ..... No .....
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<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <u>2</u> PVC 4 ABS 7 Fiberglass	5 Wrought Iron 8 Concrete tile Blank casing diameter ..... <u>5</u> ..... in. to ..... <u>60</u> ..... ft., Diameter..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface..... <u>18</u> ..... in., Weight..... <u>2.893</u> ..... lbs./ft. Wall thickness or gauge No. .... <u>0.265</u> .....	CASING JOINTS: Glued. <u>X</u> Clamped..... Welded..... Threaded.....
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <u>7</u> 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 <u>3</u> 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>60</u> ..... ft. to ..... <u>100</u> ..... ft., From ..... ft. to ..... ft. From..... ft. to ..... ft., From ..... ft. to ..... ft.		
GRAVEL PACK INTERVALS: From..... <u>20</u> ..... ft. to ..... <u>100</u> ..... ft., From ..... ft. to ..... ft. From..... ft. to ..... ft., From ..... ft. to ..... ft.		

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grout Intervals: From ..... 0 ..... 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
0	20	Tan Clay	90	95	Fine Sand and Sand Stone
20	30	Sandy Tan Clay	95	100	White Sand Stone
30	35	Tan Clay			
35	40	Mixed Clay			
40	50	Fine to Medium Sand			
50	55	Med Sand w/ Black Clay			
55	65	Sand w/ Gravel w/ Black Clay			
65	75	Fine Sand some Black Clay			
75	85	Fine Sand with gravel			
85	90	Sand Stone with Black Clay			

**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) ..... 9-20-2011 ..... and this record is true to the best of my knowledge and belief.  
Kansas Water Well Contractor's License No. 480 ..... This Water Well Record was completed on (mo/day/year) ..... 12-29-11 ..... under the business name of Williams Drilling Co Inc by (signature) Roe Williams

**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>.