

County: Smith Fraction: SE NW SE Sec. 1 T. 5 S R. 14 W

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

Owner: Felsburg, Dave 20S

If location corrected, was listed as:

Section-Township-Range: 1-5-14W

Fraction (1/4 calls): NE SW SE

Location changed to:

SE NW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: PER LAT/LONG ON WWC5 AND KGS MAPPER

Submitted by: _____ Initials: SH Date: 03/23/2020

- Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
 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: Smith	Fraction NE ¼ SW ¼ SE ¼	Section Number 1	Township Number T 6 S	Range Number R 14 E/W
Distance and direction from nearest town or city street address of well if located within city? Highway 9 & 7th Street Gaylord, KS		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.64457 Longitude: 98.84845 Elevation: TOC 1595.46' Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: RR#, St. Address, Box # : Dave Felsburg City, State, ZIP Code : Highway 9 & 7th Street Gaylord, KS 67638	
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W --NW-- --NE-- E --SW-- --SE-- S	4 DEPTH OF COMPLETED WELL 32 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL... 23.75 ft. below land surface measured on mo/day/yr. 9/30/09 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well .. NW-20S
Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>; If yes, mo/day/yr Sample was submitted. Water well disinfected? Yes No <input checked="" type="checkbox"/>	

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS	5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass	CASING JOINTS: Glued..... Clamped..... Welded..... Threaded..... <input checked="" type="checkbox"/>
Blank casing diameter . 2 in. to 0 to 18 ft., Diameter..... in. to ft., Diameter..... in. to ft. Casing height above land surface. 0.51 in., Weight..... lbs./ft. Well thickness or gauge No. Schedule 40		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 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 3 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... 18 ft. to ... 33 ft., From ft. to ft. From ft. to ft., From ft. to ft.		
GRAVEL PACK INTERVALS: From... 16 ft. to ... 33 ft., From ft. to ft. From ft. to ft., From ft. to ft.		

6 GROUT MATERIAL: Grout Intervals: From . 0.75 ft. to ... 16 ft., From ft. to ft., From ft. to ft.	1 Neat cement 2 Cement grout 3 Bentonite 4 Other	
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 below 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	0.5	Topsoil			
0.5	20	SILT			
20	25	Clayey SILT			
25	33	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) **9/23/09** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554 & 783**.... This Water Well Record was completed on (mo/day/year) **11/2/09** under the business name of **Woofter Pump & Well** by (signature) *[Signature]*

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>.