

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 MW 22S

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 5 S	Range Number R 14 E/W
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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: **39.64454**
Longitude: **98.84834**
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

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
W	--NW--	--NE--	E
	--SW--	X SE	
S			

4 DEPTH OF COMPLETED WELL **32** ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL... **23.50** 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 **MW-22S**.....

Was a chemical/bacteriological sample submitted to Department? Yes No ; If yes, mo/day/yr
Sample was submitted..... Water well disinfected? Yes No

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued..... Clamped.....
2 PVC	4 ABS	7 Fiberglass		Welded.....
				Threaded..... <input checked="" type="checkbox"/>

Blank casing diameter .2..... in. to **0-18** ft., Diameter..... in. to ft., Diameter..... in. to ft.
Casing height above land surface. **0.69**..... in., Weight..... lbs./ft. Wall 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...**48**..... 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: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other

Grout Intervals: From **0.75**..... ft. to ...**16**..... 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	0.5	Topsoil			
0.5	15	SILT			
15	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) *Dave Felsburg*

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>.