

County: Rooks Fraction: NE Sec. 3 T. 8 S R. 19 W

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

Owner: Keller, Ron

If location corrected, was listed as:

Section-Township-Range: None given

Fraction (1/4 calls): None given

Location changed to:

S3-T8S-R19W

NE

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

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

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

Verification method: Called North Central KS Local Environmental Planning group-Sherry Koster to verify location. Used KGS mapper to verify location with information given.

Initials: SH Date: 08-03-2018

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**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

**1 LOCATION OF WATER WELL:** County: Rook (Rgs) Fraction  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  Section Number \_\_\_\_\_ Township Number T S R  E  W Range Number \_\_\_\_\_

**2 WELL OWNER:** Last Name: Keller First: Ron Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:   
 Business: \_\_\_\_\_ Address: 506 W 40th City: Hays State: Ks ZIP: 67601 Lot 4 cabin Webster Reservoir

**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N


S

-----1 mile-----

**4 DEPTH OF COMPLETED WELL:** 60 ft.  
 Depth(s) Groundwater Encountered: 1) 25 ft.  
 2) \_\_\_\_\_ ft. 3) \_\_\_\_\_ ft., or 4)  Dry Well  
 WELL'S STATIC WATER LEVEL: 25 ft.  
 below land surface, measured on (mo-day-yr) \_\_\_\_\_  
 above land surface, measured on (mo-day-yr) \_\_\_\_\_  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Estimated Yield: 15 gpm  
 Bore Hole Diameter: 10 in. to \_\_\_\_\_ ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

**5 Latitude:** \_\_\_\_\_ (decimal degrees)  
**Longitude:** \_\_\_\_\_ (decimal degrees)  
 Datum:  WGS 84  NAD 83  NAD 27  
**Source for Latitude/Longitude:**  
 GPS (unit make/model: \_\_\_\_\_) (WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: \_\_\_\_\_

**6 Elevation:** \_\_\_\_\_ ft.  Ground Level  TOC  
 Source:  Land Survey  GPS  Topographic Map  
 Other \_\_\_\_\_

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID _____	10. <input type="checkbox"/> Oil Field Water Supply: lease _____
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? _____	11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID _____	12. Geothermal: how many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID _____	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify): _____

**Was a chemical/bacteriological sample submitted to KDHE?**  Yes  No If yes, date sample was submitted: \_\_\_\_\_  
 Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other \_\_\_\_\_ CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter 6 in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 30 in. Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. 26

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) \_\_\_\_\_  
 Brass  Galvanized Steel  Concrete tile  None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) \_\_\_\_\_  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)

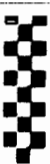
**SCREEN-PERFORATED INTERVALS:** From 60 ft. to 40 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From 60 ft. to 20 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_  
 Grout Intervals: From 20 ft. to 0 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**Nearest source of possible contamination:**  
 Septic Tank  Lateral Lines  Pit Privy  Livestock Pens  Insecticide Storage  
 Sewer Lines  Cess Pool  Sewage Lagoon  Fuel Storage  Abandoned Water Well  
 Watertight Sewer Lines  Seepage Pit  Feedyard  Fertilizer Storage  Oil Well/Gas Well  
 Other (Specify) \_\_\_\_\_  
 Direction from well? west Distance from well? \_\_\_\_\_ ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	12	soil			
12	22	sandy clay			
22	55	gravel			
55	60	shale			
Notes:					

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year) 6-20-18 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 800 This Water Well Record was completed on (mo-day-year) 6-23-18 under the business name of Goftchalk water well Drilling



UPDATED 7-1-2012

Fax to: Sherry Koster @ 785-282-3301

**NORTH CENTRAL KANSAS LOCAL ENVIRONMENTAL  
PLANNING GROUP (NCKLEPG)**

Serving the Counties of Jewell, Mitchell, Osborne, Phillips, Republic, Rooks & Smith

% SMITH COUNTY HEALTH DEPARTMENT

119 S MAIN  
SMITH CENTER, KS 66967

OFFICE PHONE 785-282-6656 OFFICE FAX 785-282-3301

689  
7473

Date 6/18/18

Permit # \_\_\_\_\_

RECEIVED

Name Ronald G. Keller Private Well Construction Permit

Address (RD, ST, & #) same

JUN 28 2018

Helys Zip 67601

BUREAU OF WATER

Driller Jerry Bottschalk

Address 2652 W. 1300 Rd.

Phone # 785-567-8272

License # \_\_\_\_\_

Logan, KS.

Date of construction 6/19 or 6/20

Legal description lot 4 cabin 2 Webster Reservoir 67646

Type of well  Drilled  Driven  Dug  Other

Where will the well be located? within lot - approx. 25 ft. ± from existing

What is the closest source of contamination? septic tank which is clear

Where will the pump be located? same

Is the well tying into an existing system?  Yes  No some PVC will be added

Are there any abandoned holes?  Yes  No plugged in accordance with Article 307

Well will be used for  Stock  Domestic  monitoring  Other

On attached sheet:

(Please obtain an aerial photo of the section to show the location of the well.)

1. Location of well in relation to wastewater system, feedlots, house and other sources of contamination.
2. Show distances to property lines and general slope of the ground.

**PERMIT FEE IS \$175.00**

Payable to the Smith County Health Department

Applicant's Statement

I hereby submit this application for an individual water supply system and certify the above information to be factual and true. The Health Department will be notified for a final inspection and upon inspection a permit number will be assigned.

Signature of owner

Ronald G. Keller

Date

6/18/18

ph.#  
785-425-8368

The application and attached plans are approved for construction.

Sherry D Koster  
Sanitarian

4-19-18  
Date