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

County: Sheridan

Location listed as:	**Location changed to:**
Section-Township-Range: 6-8 S-27 W	6-8 S-27 W
Fraction (¼ ¼ ¼): None Given	NE SW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Legal description, Sheridan County ownership directory, position on plat map, and mapping tool & aerial photos on KGS website. initials: DRL date: 9/16/2009

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. _____

1 LOCATION OF WATER WELL: Fraction: ¼ ¼ c ¼ SE ¼ | Section Number: 6 | Township Number: T 8 S | Range Number: R 27 ☐E ☒W

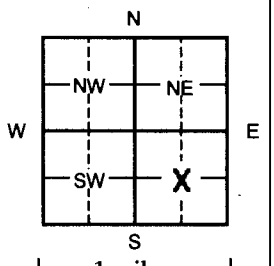
County: **Sheridan**

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.

Global Positioning System (GPS) information:
Latitude: _____ (in decimal degrees)
Longitude: _____ (in decimal degrees)
Elevation: _____
Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27
Collection Method:
☐ GPS unit (Make/Model: _____)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER: Rex Schamberger
RR#, St. Address, Box # : 1857 C 657th Ave
City, State, ZIP Code : Alton, Ks 67623

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



4 DEPTH OF COMPLETED WELL 150 ft.
Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____
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: ☐ Public water supply ☐ Geothermal ☐ Injection well
☒ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well _____
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: ☐ Steel ☒ PVC ☐ Other _____
CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 4.5 in. to 110 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface 18 in., Weight 2.38 lbs./ft. Wall thickness or gauge No. .248
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) _____
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous Slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☒ Saw cut ☐ Other (specify) _____
SCREEN-PERFORATED INTERVALS: From 110 ft. to 150 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 20 ft. to 150 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ 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:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well None
Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	73	80	Clay & caliche strks
2	10	Fine to med sand	80	93	Fine to some med sand w/clay & caliche strks
10	15	Fine sand w/caliche lenses	93	105	Clay & caliche w/sand strks
15	19	Fine sand w/caliche & clay strks	105	112	Fine sand w/clay & caliche strks
19	23	Caliche	112	125	Fine to med sand & small gravel w/clay strks
23	38	Caliche & clay w/fine sand lenses	125	143	Med sand & gravel w/clay strks
38	44	Clay & caliche w.fine sand strks	143	155	Yellow ochre/grey shale
44	55	Fine sand w/clay & caliche strks			
55	68	Caliche w/sand strks			
63	73	Fine to med sand & small gravel w/caliche lenses			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 6/24/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783. This Water Well Record was completed on (mo/day/year) 8-11/09 under the business name of Woofter Pump & Well Inc. by (signature) _____.

INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.