

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 36 11S 26,27W

Fraction (1/4 1/4 1/4): NE NE NE

County: GOVE

Location changed to:

36 11S 26W

NE NE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: GOVE COUNTY map, directions given by driller

initials: JB date: 4-27-04

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 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Gove Fraction: NE 1/4 NE 1/4 NE 1/4 Section Number: 36 Township Number: T 11 S Range Number: R 26 27 E 10

Distance and direction from nearest town or city street address of well if located within city?
4.75 mi. EAST of Quinter, Ks

2 WATER WELL OWNER: Gene Tilton
 RR#, St. Address, Box #: RR1 Box 21
 City, State, ZIP Code: Quinter, Ks. 67752
 Board of Agriculture, Division of Water Resources
 Application Number:

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

N			
	NW		NE X
	SW		SE
S			

4 DEPTH OF COMPLETED WELL: 105 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 56 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 56 ft. below land surface measured on mo/day/yr 6-1-01
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 70 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 9 in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 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 BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued Clamped
 2 PVC 4 ABS 7 Fiberglass _____ _____
 Blank casing diameter 5 in. to 8.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 18 in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL: PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 85 ft. to 105 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 70 ft. to 105 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 15 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 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage _____
 Direction from well? WEST How many feet? 1200

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil			
5	27	Brown clay			
27	48	sand			
48	59	clay - gray			
59	75	sand			
75	80	clay			
80	92	Good coarse sand			
92	95	white Rock			
95	103	sand			
103	105	White Rock			

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) 6-1-01 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 489 This Water Well Record was completed on (mo/day/yr) 6-19-01 under the business name of Agua Pump by (signature) Tom M. Jurek

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.