

County: Gove Fraction SE SW NE SE Sec. 1 T 15 S R 26 E/W

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

Owner: Duane Stutz

Location was listed as:

Section-Township-Range: 1-15S-25W

Fraction (1/4 1/4 1/4): NW SE SE

Location changed to:

1-15S-26W

SE SW NE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: written description, water rights information in WIMAS database, and mapping tool & aerial photos on KGS website. initials: DR date: 9/20/2013

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.

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

NDB

<input checked="" type="checkbox"/> 1. Location of well:	County Gove	Fraction nw1/4 se 1/4 se 1/4	Section number 1	Township number T 15 S R 25	Range number 25
<input checked="" type="checkbox"/> 2. Distance and direction from nearest town or city: Street address of well location if in city:	3/4E - 10N of Utica, Ks. 67584 34-E 4-N 2-E 5-N		3. Owner of well: Duane Stutz R.R. or street: Utica, Ks. 67584 City, state, zip code:		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. 29 in. Completion date _____ Well depth 91 ft. 3-28-75		
5. Type and color of material			From	To	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
Top soil			0	2	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Sand and gravel			2	12	9. Casing: Material transite Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> bolts Surface 12 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia 16 in. to 91 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 7/8
Sandy and gravel White chalky rock			12	13	10. Screen: Manufacturer's name _____ Johnson Type transite Dia. 16 Slot/groze 3/16 Length 39 Set between 52 ft. and 91 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 = 3/8
White chalky rock Sand and gravel			13	94 1/2	11. Static water level: _____ mo./day/yr. 16 ft. below land surface Date 10-9-74
clean coarse loose, some large rock					12. Pumping level below land surfaces: 31 ft. after 1 hrs. pumping 800 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1400 g.p.m.
Shale			94 1/2	95	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 10-9-74
BROCK 95					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.
					16. Nearest source of possible contamination: ft. 1mi Direction South Type farmstead Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ Not installed Manufacturer's name W.L.R. Model number 8-100M HP 60 Volts _____ Length of drop pipe 60 ft. capacity 600 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: 2362 (TOPO)		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Rosencrantz-Bemis 134 Business name _____ License No. _____ Address Great Bend, Ks. 67530 <input checked="" type="checkbox"/> Signed Sandy Kilgore Date 10/27/74 Authorized representative		

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5