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

County: Stevens

| **Location listed as:** | **Location ~~changed to:~~** |
|---|---|
| Section-Township-Range: | 4-34S-37W |
| Fraction ( ¼ ¼ ¼): | SW SW NE |

**Other changes:** Initial statements: Morton County

Changed to: Stevens County

Comments:

verification method: Written & legal descriptions, county map, latitude & longitude, KGS' "LEO" conversion tool, and mapping tool on KGS website. initials: DRL date: 2/26/2008

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.

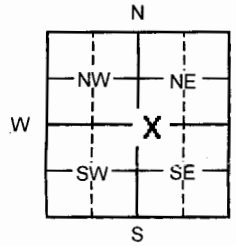
**1 LOCATION OF WATER WELL:** County: **Morton** | Fraction: **SW ¼ SW ¼ NE ¼** | Section Number: **4** | Township Number: T **34** S | Range Number: R **37** E(W)

Distance and direction from nearest town or city street address of well if located within city? 3.5 south & .4 west of Hugoton

**Global Positioning System** (decimal degrees, min. of 4 digits)
Latitude: N 37deg 07 min10.6 digits
Longitude: W 101deg 20min 47.6 digits
Elevation: 3147'
Datum:
Data Collection Method:

**2 WATER WELL OWNER:Dax Gaskill**
RR#, St. Address, Box # : 1607 S Monroe St
City, State, ZIP Code : Hugoton KS 67951

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




**4 DEPTH OF COMPLETED WELL** **340** 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: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well _____
Was a chemical/bacteriological sample submitted to Department? Yes ___ No x ; If yes, mo/day/yrs
Sample was submitted _____ Water Well Disinfected? Yes x No ___

**5 TYPE OF CASING USED:** 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ___ Clamped ___
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded ___
2 PVC 4 ABS 7 Fiberglass **Eagle-Loc** Threaded ___
Blank casing diameter **5** in. to **340** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **24** in., Weight _____ lbs./ft. Wall thickness or gauge No. **SDR 17&21**

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 Guaze 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 **160-180** ft. to **200-220** ft. From **240-260** ft. to **280-300** ft.
From **320-340** ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **25** ft. to **340** 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 **5** ft. to **25** 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? **None observed**

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|---|---|---|---|---|---|
| 0 | 8 | Fine sand | | | |
| 8 | 40 | Brown clay | | | |
| 40 | 80 | Sand fine to med | | | |
| 80 | 160 | Sand med-sm. Gravel, & a little clay | | | |
| 160 | 250 | Sandy clay | | | |
| 250 | 274 | Sand fine-med | | | |
| 274 | 286 | Sandy clay | | | |
| 286 | 300 | Sand fine & alittle red clay | | | |
| 300 | 340 | Red & brown 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) **2/04/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **473** . This Water Well Record was completed on (mo/day/year) **02/06/08** under the business name of **Tyler water well Inc.** by (signature) _____.

**INSTRUCTIONS**: Please fill in blanks 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.kdheks.gov/waterwell.

White Copy

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