

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

(to rectify lacking or incorrect information)

County: Grant

Location listed as:

Location changed to:

Section-Township-Range: 285-37

36-285-37 W

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

NE NE NW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool,
well owner's address, area road map, and mapping tool on
KGS website. initials: DRB date: 12/12/2007

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: Grant	Fraction SW ¼ SW ¼ SE ¼	Section Number	Township Number T 28 S	Range Number R 37 E/W
Distance and direction from nearest town or city street address of well if located within city? 2East, 1North & .5 West		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>101,18' 49.40</u> Longitude: <u>37,34' 34.20</u> Elevation: <u>2975</u> Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER:Smileys Service
RR#, St. Address, Box # : **2699 E Hampton RD**
City, State, ZIP Code : **Ulysses ,KS 67880**

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

N

W	E
NW	NE
SW	SE
	X

4 DEPTH OF COMPLETED WELL 360 ft.

Depth(s) Groundwater Encountered 1 260 ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL 260 ft. below land surface measured on mo/day/yr 11/14/07

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:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass	Eagle-Loc	Welded _____
				Threaded _____

Blank casing diameter 5 in. to 360 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 24 in., Weight _____ lbs./ft. Wall thickness or gauge No. **SDR21**

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 Gauze 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 295 ft. to 355 ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 25 ft. to 360 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	20	Topsoil & brown clay	326	362	Fine to med sand & a little clay
20	120	Brown clay	362	380	Brown clay
120	140	Clay & caliche			
140	160	Black clay			
160	180	Gray clay			
180	240	Brown clay			
240	257	Fine sand & sandy clay			
257	298	Brown sandy clay			
298	320	Sand & caliche & clay, fine to med			
320	326	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) 11-14-07 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) 11/15/07 under the business name of Tyler Water Well, Inc by (signature) Daniel J. H.

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>.