

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

County: Stevens

Location listed as:

Section-Township-Range: 23-32 S-38

Fraction (¼ ¼ ¼): NE NW NW

Location changed to:

23-32 S-39 W

NW NW NE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool,
county ownership map, position on plat map, and mapping tool
& aerial photo on KGS website. initials: DR date: 12/01/2008

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: Stevens	Fraction NE ¼ NW ¼ NW ¼	Section Number 23	Township Number T 32 S	Range Number R 38 E/W
Distance and direction from nearest town or city street address of well if located within city? 9N,3E,1N,2N,2E,2S, & ¼ E of Rolla, KS		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N37° 15' 26.3" Longitude: W101° 31' 59.5" Elevation: 3185 Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: Dave Bozone
RR#, St. Address, Box # : **RFD**
City, State, ZIP Code : **Rolla, KS 67954**

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 400 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/d/y/yr Sample was submitted _____ Water Well Disinfected? Yes x No	

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass	Certa-Loc	Threaded _____

Blank casing diameter **5** in. to **400** 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**

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 **290** ft. to **310** ft. From **330** ft. to **350** ft.
From **370** ft. to **390** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **400** 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 **20** 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? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Fine sand			
4	20	Clay & caliche			
20	53	Sand & gravel; some clay streaks			
53	100	Caliche & clay			
100	236	Brown sandy clay			
236	260	Fine sand & a little clay			
260	288	Brown clay			
288	340	White sandstone & a little clay			
340	402	Fine to med sand & a little clay			
402	420	Yellow & red 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) **9/19/08** 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) **10/31/08**
under the business name of **Tyler Water Well, Inc.** by (signature) *Tyler Water Well, Inc.*

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>.