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

(to rectify lacking or incorrect information)

County: Seward

Location listed as:	**Location changed to:**
Section-Township-Range: 27-23S-33	27-33S-33W
Fraction (¼ ¼ ¼): SW SE SE	NW SW SW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool, and mapping tool on KGS website.

initials: DRL date: 8/18/2008

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. **12668 & 20559**

1 LOCATION OF WATER WELL: County: **Seward** | Fraction: **SW ¼ SE ¼ SE ¼** | Section Number: **27** | Township Number: T **23** S | Range Number: R **33** E/W

Distance and direction from nearest town or city street address of well if located within city? 7 N and 1.75 East of Liberal Kansas

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: N 37 deg 8' 33.3"
Longitude: W 100 deg 53' 44.2"
Elevation: 2831
Datum:
Data Collection Method:

2 WATER WELL OWNER: Fred and Kathy R. Bloom
RR#, St. Address, Box # : 2550 Rd. G
City, State, ZIP Code : Liberal KS 67901

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

N / W / E / S; NW, NE, SW, SE; X in SE

4 DEPTH OF COMPLETED WELL 500 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: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) ____
CASING JOINTS: Glued ____ Clamped ____ Welded x Threaded ____
Blank casing diameter **16** in. to **500** ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface **12** in., Weight ____ lbs./ft. Wall thickness or gauge No. **.250**

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RM (SR) 9 ABS 10 Asbestos-Cement 11 Other (specify) ____ 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Guaze wrapped 6 Wire wrapped 7 Torch cut 8 Saw Cut 9 Drilled holes 10 Other (specify) ____ 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **320** ft. to **340** ft. From **360** ft. to **380** ft.
From **400** ft. to **420** ft. From **440/460** ft. to **480/500** ft.
GRAVEL PACK INTERVALS: From **20** ft. to **500** 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 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide Storage 14 Abandoned water well 15 Oil well/ gas well 16 Other (specify below) ____
Direction from well? ____ How many feet? **None observed**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	16	Brown sandy clay	410	425	Sandy clay & sand streaks
16	70	Fine sand	425	455	Brown & blue clay
70	96	Brown sandy clay	455	500	Brown & blue clay & med sand streaks
96	114	Fine to coarse sand	500	515	Gray clay & redbed
114	132	Caliche & a little clay			
132	290	Sand, med & clay streaks			
290	304	Brown & blue clay			
304	306	Sand, med			
306	345	Brown & blue clay			
345	410	Sand, med; a little 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) **7/25/08** 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) **7/26/08** 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

KSA 82a-1212

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