

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: None Given33 - 33 S - 37 WFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE NW NWNE SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Phone call to well contractor, and mapping tool
on KGS website.initials: DRJ date: 10/9/2006submitted 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:	Fraction	Section Number	Township Number	Range Number
County: Stevens	SE ¼ NW ¼ NW ¼		T S R	E/W
Distance and direction from nearest town or city street address of well if located within city? 2 Mile South of Hugoton		Global Positioning System (decimal degrees, min. of 4 digits)		
		Latitude: _____		
		Longitude: _____		
		Elevation: _____		
		Datum: _____		
		Data Collection Method: _____		

2 WATER WELL OWNER: Channing Hawk	3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:
RR#, St. Address, Box # : _____	
City, State, ZIP Code : Hugoton Ks 67951	
4 DEPTH OF COMPLETED WELL 360 ft.	
Depth(s) Groundwater Encountered 1 170 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 170 ft. below land surface measured on mo/day/yr 9/13/06 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/yr _____ Sample was submitted _____ Water Well Disinfected? Yes x No _____	

5 TYPE OF CASING USED:	5 Wrought Iron 8 Concrete tile 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass	CASING JOINTS: Glued _____ Clamped _____ Welded _____ Eagle-Loc 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. SDR 21&17
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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 315 ft. From 335 ft. to 355 ft. GRAVEL PACK INTERVALS: From 25 ft. to 360 ft. From _____ ft. to _____ ft.
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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 None observed Direction from well? _____ How many feet? _____
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	31	Brown & grey sandy clay			
31	53	Fine sand			
53	60	Sandy clay			
60	80	Fine to med sand			
80	100	Caliche & gravel			
100	202	Caliche & brown clay			
202	208	Med sand			
208	240	Brown sandy clay			
240	280	Red sandy clay			
280	360	Red sandy clay & sandstone			

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) 9/13/06 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) 9/13/06
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>.