

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 Given

16-33 S-37 W

Fraction (1/4 1/4 1/4): _____

SE SW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written description, location of well owner's property at that intersection, city street map, and mapping tool & aerial photos on KGS website. initials: DR date: 6/16/2009

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 Lot 1 1/4 BL 44 1/4 5th St 1/4		Section Number	Township Number T S R	Range Number E/W
Distance and direction from nearest town or city street address of well if located within city? Madison and 5th St. Hugoton				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: U.S.D 210 ECDC RR#, St. Address, Box # : 205 East 6th St. City, State, ZIP Code : Hugoton, KS 67951						
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: X N NW NE W E SW SE S		4 DEPTH OF COMPLETED WELL 250 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 Geothermal 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: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass Polly		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ Welded x Threaded _____ Blank casing diameter 3/4 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ in., Weight _____ lbs./ft. Wall thickness or gauge No. 19mm				
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 _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other		Grout Intervals From 0 ft. to 255 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? NA				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	3	Topsoil				
3	16	Brown Clay				
16	21	Fine Sand				
21	30	Brown Sandy Clay				
30	71	Sand Fine to Coarse				
71	75	Sandy Clay				
75	88	Sand Medium to Coarse				
88	206	Sandy Clay and Cliché				
206	255	Sand Medium and little red Clay				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3/17/09 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) 3/17/09 under the business name of Tyler Water Well Inc by (signature) <i>[Signature]</i>						
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 .						