

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: 30-34S-30

30-34S-37W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE SE NW

SE SE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, position on plat map,
county ownership directory, and mapping tool on KGS website.

initials: DRL date: 3/15/2010

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:		Fraction		Section Number	Township Number	Range Number
County: Stevens		SE ¼ SE ¼ NW ¼		30	T 34 S	R 30 E/W
Distance and direction from nearest town or city street address of well if located within city? 7 South 1 ½ west of Hugoton				Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: William Rector RR#, St. Address, Box # : HC 1 City, State, ZIP Code : Hugoton, KS 67951				Latitude: _____		
				Longitude: _____		
				Elevation: _____		
				Datum: _____		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL <u>420</u> 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 _____; If yes, mo/day/yr _____				Sample was submitted _____ Water Well Disinfected? Yes No		
5 TYPE OF CASING USED:						
1 Steel 3 RMP (SR)		6 Asbestos-Cement		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS		7 Fiberglass		9 Other (specify below) _____		Welded _____
Blank casing diameter <u>5</u> in. to <u>420</u> ft., Dia _____		in. to _____ ft., Dia _____		in. to _____ ft., Dia _____		Threaded _____
Casing height above land surface <u>24</u> in., Weight <u>SDR 21</u> lbs./ft.		Wall thickness or gauge No. _____				
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 <u>320</u> ft. to <u>340</u> ft. From <u>360</u> ft. to <u>380</u> ft.						
From <u>400</u> ft. to <u>420</u> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>420</u> 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 <u>5</u> ft. to <u>25</u> 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? North				How many feet? 100		
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	10	Topsoil and Fine Sand	290	303	Sandy Clay Little Sand	
10	80	Brown and White Sandy Clay Lt Cliché	303	327	Sand and Gravel	
80	90	Fine Sand	327	348	Yellow and White Sand yclay	
90	100	Brown Clay	348	373	Sand Medium to coarse	
100	117	Fine Sand	373	380	White Clay	
117	180	Brown and White Sandy Clay Lt Cliché	380	400	Sand Medium Little Sandy clay	
180	200	Sandstone and Sandy Clay	400	410	Clay Little Sand	
200	240	Sandy Clay	410	420	Sand Little Clay	
240	260	Brown and White Clay	420	440	Light Gray Clay	
260	290	Sand Fine to Medium				
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) <u>1-29-10</u> and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. <u>473</u> . This Water Well Record was completed on (mo/day/year) <u>2-4-10</u>						
under the business name of <u>Tyler Water Well Inc</u> 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

Form provided by Forms-On-A-Disk, Inc. • Dallas, Texas • (214) 340-9429