

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

(to rectify lacking or incorrect information)

**Location listed as:**

Section-Township-Range: 4-35-37

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): None Given

County: Cheyenne

**Location changed to:**

4-35-37 W

52 SE SE

**Other changes:** Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: legal description, position on plat map, well owner's address, area road map, and mapping tool & aerial photo on KGS website. initials: DRD date: 4/1/2008

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: CHEYENNE Fraction 1/4 1/4 1/4 Section Number 4 Township Number T 3 S Range Number R 37 E/W

Distance and direction from nearest town or city street address of well if located within city? Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: Longitude: Elevation: 3400 FT Datum: Data Collection Method:

2 WATER WELL OWNER: KEITH DORSCH RR#, St. Address, Box #: 3180 ROAD R City, State, ZIP Code: BIRD CITY, KS 67731

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram showing a 2x2 grid with 'X' in the SE quadrant] 4 DEPTH OF COMPLETED WELL: 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

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 VC 4 ABS 7 Fiberglass CASING JOINTS: Glued Clamped Welded Threaded

Blank casing diameter ..... in. to ..... ft., Diameter. .... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface..... 18..... in., Weight.. 200.....lbs./ft. Wall thickness or guage No. 214

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 VC 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 Gauzed 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 Bentonite 4 Other Grout Intervals: From..... ft. to ..... 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) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well

Direction from well? ..... How many feet? .....

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include: 0-20 Topsoil Clay, 20-60 Clay, 60-80 Fine-Med Gravel, 80-120 Clay, 120-140 Clay Mag, 140-160 Clay Fine-Med Gravel, 160-175 Clay Sandstone, 175-190 Sand Stone, 190-220 Fine-Med Gravel, 220-250 Fine-Med Gravel Mag

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) 2-12-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 201..... This Water Well Record was completed on (mo/day/year) 3-9-08 under the business name of Wilcox Well Drilling by (signature) Richard Wilcox

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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.kdhe.state.ks.us/geo/waterwells.