

CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: Butler

Location listed as:

Section-Township-Range: 7-255-3E

Fraction (1/4 1/4 1/4): SE NW NE

Location changed to:

7-255-3E

NW NE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, city street map, and
mapping tool on KGS website.

initials: DR date: 1/28/2009

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: SEDGWICK	Fraction SE ¼ NW ¼ NE ¼	Section Number 7	Township Number T 25S S	Range Number R 3E E/W
Distance and direction from nearest town or city street address of well if located within city? 316 GRACE AVE, ANDOVER		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: LARRY BILL RR#, St. Address, Box # : 316 GRACE AVE City, State, ZIP Code : ANDOVER, KS 67002				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>90</u> ft.
	Depth(s) Groundwater Encountered1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>32</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>20</u> 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 <u>7</u> Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____

5 TYPE OF CASING USED:	5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____	1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
	2 PVC 4 ABS 7 Fiberglass Threaded _____	
Blank casing diameter <u>5</u> in. to <u>30</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height above land surface <u>12</u> in., Weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		
1 Steel 3 Stainless steel 5 Fiberglass <u>7</u> 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 <u>3</u> 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 <u>30</u> ft. to <u>90</u> ft. From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <u>32</u> ft. to <u>90</u> ft. From _____ ft. to _____ ft.		

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals From 3 ft. to 32 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	
<u>3</u> Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well	

Direction from well? **NORTH** How many feet? 21

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	TOP SOIL			
1	12	CLAY			
12	65	LIMESTONE			
65	90	SHALE			

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) 6-27-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 740. This Water Well Record was completed on (mo/day/year) 7-18-08 under the business name of **WENINGER DRILLING 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 785-296-5622. 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>.