

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

(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Section-Township-Range: 25-25S-2E

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

Location changed to:

1-26S-2E

SW NW SW

Other changes: Initial statements: Butler County

Changed to: Sedgwick County

Comments: _____

verification method: Well address, area map on internet, and
county map

initials: DRL date: 1/26/2005

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.

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: BUTLER		NW SE NE SE SW ¼		25		T 25S S		R 2E E/W	
Distance and direction from nearest town or city street address of well if located within city? 7120 N. 143RD ST. E.; BENTON									
2 WATER WELL OWNER: ADAM PHILLIPS									
RR#, St. Address, Box # : 7120 N. 143RD ST. E. Board of Agriculture, Division of Water Resources									
City, State, ZIP Code : BENTON, KS Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 75 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 22 ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL 22 ft. below land surface measured on mo/day/yr 11/20/04							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter 10 in. to 75 ft. and _____ in. to _____ ft.							
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 Lawn and garden (domestic)</u> 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 BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____									
<u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded _____									
Blank casing diameter 5 in. to 75 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or gauge No. 26									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 <u>PVC</u> 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____									
3 Mill slot 9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 <u>Mill slot</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____									
7 Torch cut									
SCREEN-PERFORATED INTERVALS: From 50 ft. to 75 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 24 ft. to 75 ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____									
Grout Intervals From 4 ft. to 24 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 14 Abandoned water well									
2 Sewer lines 5 Cess pool <u>6 Sewage lagoon</u> 11 Fuel storage 15 Oil well/ Gas well									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____									
13 Insecticide storage									
Direction from well? NORTH How many feet? 160									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		TOPSOIL						
2	7		CLAY						
7	23		GREEN SHALE						
23	58		BLUE SHALE						
58	61		LIMESTONE						
61	75		BLUE SHALE						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 11/20/04 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 611 This Water Well Record was completed on (mo/day/yr) 12/9/04									
under the business name of CHASE DRILLING by (signature) <i>R. Chase</i>									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

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