

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

(to rectify lacking or incorrect information)

County: Butler

Location listed as:

Section-Township-Range: 4-25S-3E

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

Location changed to:

28-26S-3E

SW SE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: wellsite address, area road map, position
on plat map, and mapping tool & aerial photos on
KGS website. initials: DR date: 7/6/2011

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: Benton

Fraction

SW 1/4 SE 1/4 SE 1/4

Section Number

4

Township Number

T 25 S

Range Number

R 3 EW

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: _____

Datum: _____

Data Collection Method: _____

2 WATER WELL OWNER:

RR#, St. Address, Box #

City, State, ZIP Code

Atlas Trap Co., Inc
14264 Sw 50th St
Benton KS 67017

3 LOCATE WELL'S

LOCATION

WITH AN "X" IN SECTION BOX:

N

W

E

S

-- NW --	-- NE --
-- SW --	-- SE --

4 DEPTH OF COMPLETED WELL 100 ft.Depth(s) Groundwater Encountered (1) 60 ft. (2) _____ ft. (3) _____ ft.WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr.

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpmWELL WATER TO BE USED AS: 5 Public water supply ☒ Air conditioning 11 Injection well

1 Domestic 3 Feedlot 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)

5 Wrought Iron

8 Concrete tile

CASING JOINTS: Glued _____ Clamped _____

☒ PVC

4 ABS

7 Fiberglass

9 Other (specify below)

Welded _____

Threaded _____

Blank casing diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 12 in., Weight 160 lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel

3 Stainless Steel

5 Fiberglass

☒ 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 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 60 ft. to 80 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 80 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 3 ft. to 20 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? 100 ft.

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	dirt			
2	8	gumbo			
8	40	yellow clay			
40	44	green shale			
44	60	red clay			
60	100	Shaley lime			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 2/25/10 and this record is true to the best of my knowledge and belief.Kansas Water Well Contractor's License No. 493 This Water Well Record was completed on (mo/day/year) 8/31/10under the business name of Reverse Water Drilling by (signature) Isary ReverseINSTRUCTIONS: 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.kdheks.gov/waterwell/index.html>.