

County: Butler Fraction: NW NE SW Sec. 7 T. 26 S R. 4 E

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

Owner: Simpson, Bill

If location corrected, was listed as:

Section-Township-Range: _____

Fraction (1/4 calls): S W S

Location changed to:

NW NE SW

Other changes: Initial statements: _____

Changed to: _____

Comments: Incorrect fractions were written on plugging record.

Verification method: Used the directions and address from the record in the WCC5 mapper.

Submitted by: _____ Initials: SW Date: 05-29-2019

- Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
 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: <u>Batter</u>	Fraction <u>5 1/4 W 1/4 S 1/4</u>	Section Number <u>7</u>	Township Number <u>T 26 S</u>	Range Number <u>R 4 E</u>
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Distance and direction from nearest town or city street address of well if located within city? one mile west of Towanda on Rt 257 To Adams Rd. N 1/2 mile to SW 1/4 on SO side

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: Bill Simpson
 RR#, St. Address, Box # : 12601 SW 10th St
 City, State, ZIP Code : Towanda, KS 67144

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S	4 DEPTH OF COMPLETED WELL <u>108'</u> ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>48</u> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> <u>No</u>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? <input checked="" type="checkbox"/> Yes No
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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.....
 PVC 4 ABS 7 Fiberglass Threaded.....

Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface..... in., Weight 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 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 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? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			108'	44'	Gravel
			44'	30'	Bentonite & Neat Cement
			30'	3'	Pit & Clay

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) Feb 28 2019 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 734..... This Water Well Record was completed on (mo/day/year) 23 Feb 2019.....
 under the business name of Fluid Systems by (signature) Chad L. David

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.kdheks.gov/waterwell/index.html>.