

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 (¼ 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.

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.  

<b>1 LOCATION OF WATER WELL:</b> County: <i>Butler</i>	Fraction <i>5 1/4 W 1/4 S 1/4</i>	Section Number <i>7</i>	Township Number <i>T 26 S S</i>	Range Number <i>R 7 E/W</i>
Distance and direction from nearest town or city street address of well if located within city? <i>one mile W of Towanda on 257 To Helens N 1/2 mile To East on 30 side</i>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : <i>Bill Simpson 10651 on 157 St</i> City, State, ZIP Code : <i>Towanda, Pa 17144</i>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="width: 100%; height: 100%; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--NW--</td><td>--NE--</td><td> </td></tr> <tr><td>W</td><td> </td><td>E</td></tr> <tr><td>--SW--</td><td>--SE--</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>S</td><td> </td><td> </td></tr> </table>				--NW--	--NE--		W		E	--SW--	--SE--					S			<b>4 DEPTH OF COMPLETED WELL</b> ..... <i>81</i> ..... ft.  Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <i>47</i> ..... 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 checked="" type="checkbox"/> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? <input checked="" type="checkbox"/> Yes ..... No .....
--NW--	--NE--																		
W		E																	
--SW--	--SE--																		
S																			

<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) <input checked="" type="checkbox"/> PVC 4 ABS	5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 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..... 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
			<i>81</i>	<i>35</i>	<i>gravel</i>
			<i>75</i>	<i>20</i>	<i>Bentonite &amp; neat cement</i>
			<i>20</i>	<i>3</i>	<i>DMT &amp; Clay</i>

**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) .. *1.5 Feb. 2015* and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *934* ..... This Water Well Record was completed on (mo/day/year) .. *22 Feb 2019* ..... under the business name of *Fluid Systems* by (signature) *Charles Howard*

**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>.