County: Butler Fraction: NVV, SE, NVV, N	Sec. 16 T. 20 S R. 4 E							
CORRECTION(S) to WATER WELL COMPLETION RECORD	Form WWC-5 (to rectify lacking or incorrect information)							
Owner: Kenneth Hinkle	Reconstructed							
If location corrected, was listed as:	Location changed to:							
Section-Township-Range:								
Fraction (¼ calls): SE, NW, NE	NW, SE, NW, NW							
Other changes: Initial statements: Well water use reported to be for irrigation.								
Changed to: Domestic - Lawn & Garden Comments: Well ~ 15 west of house. Lat 37.793885 deg N (WGS 84)	N, Long -97.004584 deg W from Google Earth							
Verification method: Confirmed well water use & well located and KDHE STR Finder.	ion info from well owner. Used Google Earth							
	Initials: PKC Date: 11/3/2020							
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								

(rev 01/26/2018)

WATER WELL	RECORD	Form WW	/C-5	Division	of Water	Resources	; App. No.		
	WATER WELL:			Section Nu				_	
County: Bu	Tler	5E 1/4 N#1/4	NE 14						
Distance and dire	ction from nearest tow	n or city street address o	f well if	Global Positioning Systems (decimal degrees, min. of 4 digits)					
located within city? 223 5. 2 nd Towenky KA Latitude: Longitude:									
2 WATER WELL		eth Hinkle		Longitude:					
RR#, St. Address		s and		Elevation:					
City, State, ZIP (inle banges 17	144	Data Collection Method:					
3 LOCATE WELI		COMPLETED WELL		Data Conc		iculou.			
LOCATION	1			1					
WITH AN "X" I SECTION BOX	AN "X" IN Depth(s) Groundwater Encountered (1)ft. (2)								
N		est data: Well water was							
	STEEL STATES	gpm: Well water was							
w NW NE	E 1 Domestic	R TO BE USED AS: 5 P 3 Feedlot 6 Oil f	ield water su	suppiy innly	9 Dew	onunuonn ate ri ng	ıg 11 mj	her (Specify below)	
" - -	2 Irrigation	4 Industrial 7 Dom	estic (lawn d	& garden) 1	10 Mon	itoring we	11		
SWSB	Was a chemical	/bacteriological sample s	ubmitted to	Department?	? Yes		:	If ves. mo/day/vrs	
		omitted							
S	:								
5 TYPE OF CASIN	NG USED: 5 Wr RMP (SR) 6 As	rought Iron 8 C	oncrete tile		CASING	JOINTS:		Clamped	
		erglass	ther (specify	below)			Threaded	L	
		ft., Diameter.							
Casing height above	land surface12.	in., Weight		lbs./ft. W	Vall thic	kness or g	uage No		
	OR PERFORATION								
		5 Fiberglass 7 PVC						11-\	
	Galvanized Steal ORATION OPENING	6 Concrete tile 8 RM ((SR) 10 A	Asbestos-Ce	ement	12 None	used (open	hole)	
1 Continuous s		5 Gauzed wrapped	7 Torch cut	9 Drilled	d holes	11 No	ne (open h	ole)	
1									
SCREEN-PERFORA		From ft. t							
CD AVEL D		From ft. 1							
GRAVELP		From ft. :							
		110111		14., 1	10111	• • • • • • • • • • • • • • • • • • • •	It. W		
6 GROUT MATER		nt 2 Cement grout 3							
Grout Intervals:		to ft., From		ft. to	ft.	, From	•••••	ft. toft.	
	ource of possible cont		10 T inner	- als	12 I			16 Other (masify	
1 Septic tank 2 Sewer lines	5 Cess po	lines 7 Pit privy ool 8 Sewage lagoon	10 Livest			ecticide sto andoned v		16 Other (specify below)	
	ewer lines 6 Seepag			zer storage		well/gas v		ociow).	
						_			
FROM TO		LOGIC LOG	FROM				GING INT		
ļ	7	3)							
	TOSTOTEL NEW	PITIESS add						•	
	and Extend u	Hell 12" above							
		PVC							
	and well cap.	770							
	The Wea								
	1			-	•,				
							· · · · · · · · · · · · · · · · · · ·		
7 CONTRACTOR'	S OR LANDOWNE	R'S CERTIFICATION:	This water	well was (1) constru	icted, 2	reconstruct	ed, or (3) plugged	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year). 2									
Kansas Water Well Contractor's License No. 7.1.7 This Water Well Record was completed on (mo/day/year) 4 f. 6									
under the business name of Fewi 7 Septic Fluid 5355 by (signature) by (signature) 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 De	spewriter or ball point per partment of Health and En-	n. PLEASE PRESS FIRMLY as vironment, Bureau of Water. G	eology Section	ny. Please fill , 1000 SW Jack	ın bianks, kson St., S	underline of uite 420, To	r circie the co peka, Kansas	66612-1367. Telephone	
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/w	aterwell/index.html.								