

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

County: Butler
Location changed to:

Location listed as:

Section-Township-Range: 2-265-5E

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

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Wellsite address, city street map, and
mapping tool & aerial photos on KGS website.

initials: DR date: 9/17/2009

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 KSA 82a-1212

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1 LOCATION OF WATER WELL:	Fraction	NE $\frac{1}{4}$	NW $\frac{1}{4}$	NE $\frac{1}{4}$	Section Number	T 26 S	Range Number R 5 E
County: <u>Buffalo</u>							
Distance and direction from nearest town or city street address of well if located within city?							
301 E. Central, El Dorado, KS							
2 WATER WELL OWNER:	Name: <u>North 5606</u>				Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box #	301 E. Central				Application Number:		
City, State, ZIP Code	El Dorado, KS				1283.93		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					4 DEPTH OF COMPLETED WELL: <u>20</u>	ft. ELEVATION: <u>1283.93</u>	MW4
					Depth(s) Groundwater Encountered: <u>1268.73</u>	ft. 2. ft. 3. ft.	
					WELL'S STATIC WATER LEVEL: <u>14.48</u>	ft. below land surface measured on mo/day/yr	<u>12/3/99</u>
					Pump test data: Well water was _____ ft. after _____ hours pumping	gpm	
					Est. Yield: <u>80 gpm</u>	Well water was _____ ft. after _____ hours pumping	gpm
					Bore Hole Diameter: <u>8 in.</u>	ft., and _____ in. to _____ ft.	
					WELL WATER TO BE USED AS:	5 Public water supply 8 Air conditioning 11 Injection well	
					1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)	7 Lawn and garden only 10 Monitoring well	
					Was a chemical/bacteriological sample submitted to Department? Yes <u>Yes</u> No <u>X</u>	If yes, mo/day/yr sample was submitted	
					Water Well Disinfected? Yes <u>Yes</u> No <u>No</u>		
5 TYPE OF BLANK CASING USED:	1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____		
	2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____	Threaded <u>✓</u>	
	Blank casing diameter <u>7</u>	in. to <u>5</u>	ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.				
	Casing height above land surface <u>Flesh</u>	in. weight _____	lbs./ft. Wall thickness or gauge No. _____				
TYPE OF SCREEN OR PERFORATION MATERIAL:	1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement		
	2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____		
	SCREEN OR PERFORATION OPENINGS ARE:	1 Continuous slot	3 Mill slot	9 ABS	12 None used (open hole) _____		
		2 Louvered shutter	4 Key punched	5 Gauzed wrapped	8 Saw cut	11 None (open hole) _____	
	SCREEN-PERFORATED INTERVALS:	From <u>20</u>	ft. to <u>5</u>	6 Wire wrapped	9 Drilled holes		
		From _____	ft. to _____	7 Torch cut	10 Other (specify) _____		
	GRAVEL PACK INTERVALS:	From <u>20</u>	ft. to <u>13</u>				
		From _____	ft. to _____				
6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____			
Grout Intervals: From <u>13</u>	ft. to <u>1</u>	ft., 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	14 Abandoned water well		
	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well		
	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below) _____		
Direction from well? <u>SW</u>	How many feet? <u>115</u>						
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
<u>0'</u>	<u>6"</u>	<u>Concrete</u>					
<u>0'</u>	<u>20'</u>	<u>Silty clay</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed, (2) reconstructed, or (3) plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>10/28/99</u> and this record is true to the best of my knowledge and belief. Kansas							
Water Well Contractor's License No. <u>1034</u> This Water Well Record was completed on (mo/day/year) <u>11/16/99</u>							
under the business name of <u>Shelly Env. Testng (LLC)</u> by (signature) <u>Shelly</u>							
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.							