

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 ( 1/4 1/4 1/4): NE NW NE

2-265-5E

NW NE SE

Other changes: Initial statements:

Changed to:

Comments:

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

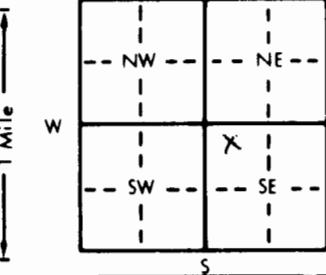
initials: DR date: 9/17/2009

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

1 LOCATION OF WATER WELL:		Fraction County: <i>Bell</i>	NE <sub>1/4</sub> NW <sub>1/4</sub> NE <sub>1/4</sub>	Section Number 2	Township Number T 26 S	Range Number R 5 (E/W)		
Distance and direction from nearest town or city street address of well if located within city? <i>301 E. Central, El Dorado, KS</i>								
2 WATER WELL OWNER:		<i>Norma Slob</i>		Board of Agriculture, Division of Water Resources Application Number: <i>MWS 128412</i>				
RR#, St. Address, Box #:		<i>301 2nd Street, El Dorado, KS</i>						
City, State, ZIP Code:								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL: <i>70</i> ft. ELEVATION: <i>1284.12</i> Depth(s) Groundwater Encountered 1. <i>1269.03</i> ft. 2. <i></i> ft. 3. <i></i> ft. WELL'S STATIC WATER LEVEL <i>14.42</i> ft. below land surface measured on mo/day/yr <i>12/3/99</i> Pump test data: Well water was <i></i> ft. after <i></i> hours pumping <i></i> gpm Est. Yield <i></i> gpm: Well water was <i></i> ft. after <i></i> hours pumping <i></i> gpm Bore Hole Diameter <i>8</i> in. to <i>20</i> ft., and <i></i> in. to <i></i> 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) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes <i></i> No <i>X</i> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <i>No</i>				
5 TYPE OF BLANK CASING USED:		1 Steel <i>2 PVC</i>	3 RMP (SR) <i>4 ABS</i>	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <i></i> Clamped <i></i>		
Blank casing diameter		7 in. to <i>5</i>	ft., Dia <i></i>	6 Asbestos-Cement	9 Other (specify below)	Welded <i></i> Threaded <i>✓</i>		
Casing height above land surface		<i>Flush</i>	in., weight <i></i>	7 Fiberglass	10	Asbestos-cement		
Casing height above land surface		<i>Flush</i>	in., weight <i></i>	7 PVC	11 Other (specify) <i></i>	lbs./ft. Wall thickness or gauge No. <i></i>		
TYPE OF SCREEN OR PERFORATION MATERIAL:		1 Steel <i>2 Brass</i>	3 Stainless steel <i>4 Galvanized steel</i>	5 Fiberglass <i>6 Concrete tile</i>	8 RMP (SR) <i>9 ABS</i>	12 None used (open hole) <i>11 None (open hole)</i>		
SCREEN OR PERFORATION OPENINGS ARE:		1 Continuous slot <i>3 Mill slot</i>	2 Louvered shutter <i>4 Key punched</i>	5 Gauzed wrapped <i>6 Wire wrapped</i>	7 Torch cut	8 Saw cut <i>9 Drilled holes</i> <i>10 Other (specify) <i></i></i>		
SCREEN-PERFORATED INTERVALS:		From <i>70</i> ft. to <i>5</i> ft.	From <i></i> ft. to <i></i> ft.	From <i></i> ft. to <i></i> ft.	From <i></i> ft. to <i></i> ft.	From <i></i> ft. to <i></i> ft.		
GRAVEL PACK INTERVALS:		From <i>20</i> ft. to <i>43</i> ft.	From <i></i> ft. to <i></i> ft.	From <i></i> ft. to <i></i> ft.	From <i></i> ft. to <i></i> ft.	From <i></i> ft. to <i></i> ft.		
6 GROUT MATERIAL:		1 Neat cement <i>2 Cement grout</i>	3 Bentonite	4 Other <i></i>	10 Livestock pens	14 Abandoned water well		
Grout Intervals:		From <i>43</i> ft. to <i>1</i> ft., From <i></i> ft. to <i></i> ft., From <i></i> ft. to <i></i> ft., From <i></i> ft. to <i></i> ft.	7 Pit privy <i>8 Sewage lagoon</i>	11 Fuel storage	15 Oil well/Gas well			
What is the nearest source of possible contamination:		1 Septic tank <i>2 Sewer lines</i>	5 Cess pool <i>6 Seepage pit</i>	9 Feedyard	12 Fertilizer storage <i>13 Insecticide storage</i>	16 Other (specify below) <i></i>		
Direction from well?		<i>South</i>						
FROM		TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
<i>0</i>	<i>6"</i>	<i>20'</i>	<i>Concrete Silty clay</i>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <i>(1) Constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <i>11-3-99</i></i>		and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>1034</i> This Water Well Record was completed on (mo/day/yr) <i>11-16-99</i> by (signature) <i>Shirley ENR-Testing</i>						
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.								