

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Butler

Location listed as:

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

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

Location changed to:

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: County: <u>Burke</u>		Fraction <u>NE 1/4</u>	NE <u>1/4</u>	Section Number <u>2</u>	Township Number <u>26</u>	R Range Number <u>5</u>	EDW
Distance and direction from nearest town or city street address of well if located within city? <u>301 E. Central, El Dorado, KS</u>							
2 WATER WELL OWNER: RR#, St. Address, Box # <u>301 East Central</u>		Board of Agriculture, Division of Water Resources Application Number: <u>MW9 1287.45 12/3/99</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E --- NW --- NE --- X --- SW --- SE --- S		4 DEPTH OF COMPLETED WELL <u>70</u> ft. ELEVATION: <u>1287.45</u> Depth(s) Groundwater Encountered <u>1 1248.13</u> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <u>15.10</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 _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>3.4</u> in. to <u>70</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) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <u>No</u>					
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) <u>PVC</u> 4 ABS		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____ 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>Flush</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) _____ 12 None used (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 ABS 12 None used (open hole) 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____							
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____							
SCREEN-PERFORATED INTERVALS: From <u>70</u> ft. to <u>5</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From <u>70</u> ft. to <u>4.3</u> ft., 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 <u>4.3</u> 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) 13 Insecticide storage How many feet? <u>160</u>							
Direction from well? <u>SW</u>							
7 LITHOLOGIC LOG							
FROM <u>0</u>	TO <u>6"</u>	LITHOLOGIC LOG <u>Asphalt</u>				FROM	TO
<u>6"</u>	<u>20'</u>	<u>Silty clay</u>				PLUGGING INTERVALS	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, <u>2</u> reconstructed, or <u>3</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>10-25-99</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>6034</u> This Water Well Record was completed on (mo/day/year) <u>11-16-99</u> by (signature) <u>M. B. L.</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.							