

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 NW

Location changed to:

2-265-5E

NW NW NE

Other changes: Initial statements: _____

Changed to: _____

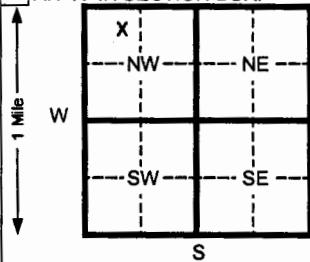
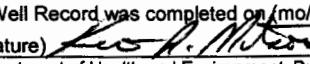
Comments: _____

verification method: written description, city street map, and mapping tool 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.

1 LOCATION OF WATER WELL:		Fraction County: Butler	NE $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 2	Township Number T 26 S	Range Number R 5 E
Distance and direction from nearest town or city street address of well if located within city? Southwest corner of N. Main St. and W. 6th Ave., El Dorado						
2 WATER WELL OWNER:		Bencor, Inc.			Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box #		90 S. Cascade Ave., Ste. 330			Application Number:	
City, State, ZIP Code		Colorado Springs, CO 80903				
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 20 ft. ELEVATION: _____				
		Depth(s) Groundwater Encountered 1 7.7 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL _____ 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 Bore Hole Diameter 8.5 in. to 22 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 1 Domestic 3 Feed lot 6 Oil field water supply 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well 8 Air conditioning 11 Injection well 9 Dewatering 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes _____ No X				
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
Blank casing diameter		2 in. to 20	ft. Dia	in. to	ft. Dia	in. to ft.
Casing height above land surface		Flushmount	in. weight	0.703	lbs./ft. Wall thickness or gauge No.	SCH. 40
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)	
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	10 Other (specify)	
7 Torch cut						
SCREEN-PERFORATED INTERVALS:		From 5 ft. to 20	ft. From	ft. to	ft. From	ft. to
From		ft. to	ft. From	ft. to	ft. From	ft. to
GRAVEL PACK INTERVALS:		From 4 ft. to 22	ft. From	ft. to	ft. From	ft. to
From		ft. to	ft. From	ft. to	ft. From	ft. to
6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other	
Grout Intervals		From 4 ft. to 1	ft. From	ft. to	ft. From	ft. to
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?						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		Concrete			
0.5	7		Fill - Silty Clay, red brown			
7	19		Clay, some silt, brown red			
19	21		Clayey Gravel, light brown			
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/yr) 07/18/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 08/27/07 under the business name of Geotechnical Services Inc. by (signature) 						
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St, Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						