

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

(to rectify lacking or incorrect information)

County: Butler

Location listed as:

Section-Township-Range: 2-265-5EFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NE NW NW

Location changed to:

2-265-5ENW NW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written description, city street map, and
mapping tool on KGS website.initials: DRF date: 9/17/2009submitted 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.

Southwest corner of N. Main St. and W. 6th Ave., El Dorado

Board of Agriculture, Division of Water Resources

Application Number:

20 ft. ELEVATION:



WELL'S STATIC WATER LEVEL	ft. below land surface measured on mo/day/yr
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield	gpm:	Well water was	ft. after	hours pumping	gpm
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Bore Hole Diameter **8.5** in. to **22** ft. and in. to ft.

WELL WATER TO BE USED AS:	5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic use	6 City water supply	9 Drinking water	12 Other (Specify below)

1 Domestic	3 Feed lot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
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2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **10 Monitoring well**

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
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CASING JOINTS

9 Other (specify below)

Color (specify color)

Block casing diameter **2** in. to **20** # Dia.

Blank casing diameter	2	in. to	20	ft. Dia	4	in. to	ft. Dia	in. to	ft.
Casing height above land surface	Flushmount		in. weight	0.703	lb. / ft. Wall thickness or gauge No.				SCH 40

Casing height above land surface **Flashmount** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL: **3 PVC** 10 Asbestos cement

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
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1 Steel	3 Stainless steel	5 Fiberglass	7 Palm (SV)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes

2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **5** ft. to **20** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **4** ft. to **22** ft. From _____ ft. to _____ ft.

	From	ft.	to		From	ft.	to		From	ft.	to	
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6	GROUT MATERIAL:	1. Neat cement	2. Cement grout	3. Bentonite	4. Other
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5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Interval: 1 ft to 1 ft 5 ft to 5 ft _____

Grout Intervals From 4 ft. to 1 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination: 10. Livestock pens 14. Abandoned water well

What is the nearest source of possible contamination:

1. Sooty tank	4. Lateral lines	7. Bitumen	10. Livestock pens	14. Abandoned water well
2. Fuel tank	5. Sewerage	8. Road	11. Fuel storage	15. Oil well/ Gas well

1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/ Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)

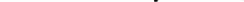
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Sewage pit	9 Food yard	13 Insecticide storage	

3	Water/tight sewer lines	6	Seepage pit	9	Feedyard	13	Insecticide storage	-----
Direction from well?							How many feet?	

Direction from well?				How many feet?		
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS

[illegible]

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 66612-1387. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.