

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

Location changed to:

2-265-5E

NW NW NE

Other changes: Initial statements:

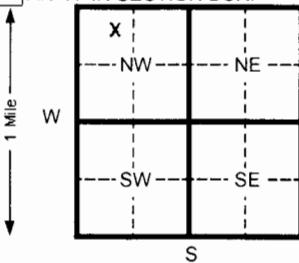
Changed to:

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.

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|--|--|--|--|---|--------|---------------------|---|
| 1 LOCATION OF WATER WELL: | | Fraction County: Butler | NE $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$ | Section Number 2 | 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. | | | | | | | |
| RR#, St. Address, Box # : 90 S. Cascade Ave., Ste. 330 | | | | Board of Agriculture, Division of Water Resources | | | |
| City, State, ZIP Code : Colorado Springs, CO 80903 | | | | Application Number: | | | |
| 3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 20 ft. ELEVATION: _____ | | | | | |
|  | | Depth(s) Groundwater Encountered 1 12.15 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 20 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, mo/day/yr sample was submitted | | | | | | | |
| Water Well Disinfected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | |
| 5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Threaded Flush | | | | | | | |
| 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: 7 PVC 10 Asbestos-cement | | | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 4.8 ft. to 19.8 ft. From _____ ft. to _____ ft. | | | | | | | |
| GRAVEL PACK INTERVALS: From 2 ft. to 20 ft. From _____ ft. to _____ ft. | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | |
| Grout Intervals From 1 ft. to 2 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) How many feet? | | | | | | | |
| FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 0.3 Asphalt 0.3 3.4 Fill - Silty Clay, dark brown 3.4 3.6 SW Sand, brown 3.6 7.2 CL Silty Clay, red brown 7.2 8.2 SW Sand, brown 8.2 20 CL Silty Clay, red brown | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/yr) 12/18/07 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) 01/25/08 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. | | | | | | | |

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