

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: \_\_\_\_\_

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): \_\_\_\_\_County: SedgwickLocation ~~changed to~~:24-27S-2ENW NE NWOther changes: Initial statements: Butler CountyChanged to: Sedgwick County

Comments: \_\_\_\_\_

verification method: Written & legal descriptions, city map, and  
Andover 1:24,000 topo. map.initials: ORA date: 12/27/2004submitted 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:<br>County: <b>BUTLER</b> |  | Fraction<br><b>NW 1/4 NE 1/4 NW 1/4</b> | Section Number<br><b>24</b> | Township Number<br><b>T 27S S</b> | Range Number<br><b>R 2E E/W</b> |
|----------------------------------------------------|--|-----------------------------------------|-----------------------------|-----------------------------------|---------------------------------|

Distance and direction from nearest town or city street address of well if located within city?  
**11631 STAGECOACH; Andover**

|                                                                                                                                           |  |                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|
| 2 WATER WELL OWNER: <b>BILL BEGLEY</b><br>RR#, St. Address, Box # : <b>11631 STAGECOACH</b><br>City, State, ZIP Code : <b>Andover, KS</b> |  | Board of Agriculture, Division of Water Resources<br>Application Number: |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|

|                                                      |                                                    |
|------------------------------------------------------|----------------------------------------------------|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL <b>90</b> ft. ELEVATION: |
|------------------------------------------------------|----------------------------------------------------|

Depth(s) Groundwater Encountered **31** ft. 1 **31** ft. 2 ..... ft. 3 **11/3/04** ft.

WELL'S STATIC WATER LEVEL **31** ft. below land surface measured on mo/day/yr **11/3/04**

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

Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

WELL WATER TO BE USED AS:

|              |              |                          |                    |                          |
|--------------|--------------|--------------------------|--------------------|--------------------------|
| 1 Domestic   | 3 Feedlot    | 5 Public water supply    | 8 Air conditioning | 11 Injection well        |
| 2 Irrigation | 4 Industrial | 6 Oil field water supply | 9 Dewatering       | 12 Other (Specify below) |

**7 Domestic (lawn & garden)**

Was a chemical/bacteriological sample submitted to Department? Yes ..... No **X** .....; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes **X** No

|                              |            |                   |                         |                                       |
|------------------------------|------------|-------------------|-------------------------|---------------------------------------|
| 5 TYPE OF BLANK CASING USED: |            | 5 Wrought iron    | 8 Concrete tile         | CASING JOINTS: Glued <b>X</b> Clamped |
| 1 Steel                      | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | Welded                                |
| 2 PVC                        | 4 ABS      | 7 Fiberglass      |                         | Threaded                              |

Blank casing diameter **5** in. to **90** ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.

Casing height above land surface **16** in., weight **160** lbs./ft. Wall thickness or gauge No. **26**

|                                         |                    |            |                          |
|-----------------------------------------|--------------------|------------|--------------------------|
| TYPE OF SCREEN OR PERFORATION MATERIAL: |                    | 7 PVC      | 10 Asbestos-Cement       |
| 1 Steel                                 | 3 Stainless Steel  | 8 RMP (SR) | 11 Other (Specify)       |
| 2 Brass                                 | 4 Galvanized Steel | 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    |                     |
|                    |               | 7 Torch cut      | 10 Other (specify) | ft.                 |

SCREEN-PERFORATED INTERVALS: From **50** ft. to **90** ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From **24** ft. to **90** ft., From ..... ft. to ..... ft.

|                   |  |               |                |             |         |
|-------------------|--|---------------|----------------|-------------|---------|
| 6 GROUT MATERIAL: |  | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other |
|-------------------|--|---------------|----------------|-------------|---------|

Grout intervals: From **4** ft. to **24** 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 |                          |

Direction from well? **WEST** How many feet? **23**

| FROM      | TO        | LITHOLOGIC LOG                    | FROM | TO | PLUGGING INTERVALS |
|-----------|-----------|-----------------------------------|------|----|--------------------|
| <b>0</b>  | <b>2</b>  | <b>TOPSOIL</b>                    |      |    |                    |
| <b>2</b>  | <b>63</b> | <b>BLUE SHALE</b>                 |      |    |                    |
| <b>63</b> | <b>90</b> | <b>BLUE SHALE &amp; limestone</b> |      |    |                    |

**RECEIVED**

**DEC 01 2004**

**BUREAU OF WATER**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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/year) <b>11/3/04</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <b>611</b> This Water Well Record was completed on (mo/day/yr) <b>11/28/04</b> under the business name of <b>Chase Drilling</b> by (signature) <b>R. Chase</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.