

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

(to rectify lacking or incorrect information)

County: Butler

Location listed as:

Section-Township-Range: None Given

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  ): \_\_\_\_\_

Location changed to:

17 - 27 S - 3 E

NW SW SW

Other changes: Initial statements: 705 W. Chester

Changed to: 705 Westchester

Comments: Latitude & longitude define section corners only.

verification method: Well owner's address, city street map,  
and Andover 1:24,000 topo. map.

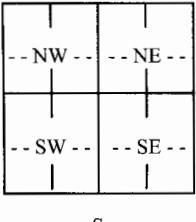
initials: DR date: 5/11/2006

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**

### Division of Water Resources: App. No.

<b>1 LOCATION OF WATER WELL:</b> County: <u>Butler</u>		Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number	Township Number T   S	Range Number R   E/W		
Distance and direction from nearest town or city street address of well if located within city?		Global Positioning Systems (decimal degrees, min. of 4 digits)					
<b>2 WATER WELL OWNER:</b> <u>MALONE CONST.</u> RR#, St. Address, Box #: <u>705 W. Chester</u> City, State, ZIP Code: <u>Andover, KS</u>		Latitude: <u>37.708520</u> Longitude: <u>97.13523</u> 37.693863   97.11681					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N  E S		Elevation: _____ Datum: _____ Data Collection Method: <u>KS one call</u>					
<b>4 DEPTH OF COMPLETED WELL:</b> <u>75</u> ft.		Depth(s) Groundwater Encountered (1) <u>31</u> ft. (2) ..... ft. (3) ..... ft.					
WELL'S STATIC WATER LEVEL: <u>31</u> 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		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 <u>Domestic (lawn &amp; garden)</u> 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... ✓ Sample was submitted ..... Water well disinfected? Yes ..... ✓ No ..... ✓							
<b>5 TYPE OF CASING USED:</b> 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 ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.		Threaded ..... Casing height above land surface ..... in., weight ..... lbs./ft.   Wall thickness or guage No. <u>26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel   3 Stainless Steel   5 Fiberglass   7 PVC   9 ABS   11 Other (Specify) ..... 2 Brass   4 Galvanized Steel   6 Concrete tile   8 RM (SR)   10 Asbestos-Cement   12 None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot   3 Mill slot   5 Guazed wrapped   7 Torch cut   9 Drilled holes   11 None (open hole) 2 Louvered shutter   4 Key punched   6 Wire wrapped   8 Saw Cut   10 Other (specify) ..... SCREEN-PERFORATED INTERVALS: From ..... <u>55</u> ..... ft. to ..... <u>75</u> ..... ft., From ..... ft. to ..... ft.							
GRAVEL PACK INTERVALS: From ..... <u>24</u> ..... ft. to ..... <u>75</u> ..... ft., From ..... ft. to ..... ft.							
From ..... ft. to ..... ft., From ..... ft. to ..... ft.							
<b>6 GROUT MATERIAL:</b> 1 Neat cement   2 Cement grout   3 Bentonite   4 Other ..... Grout Intervals: From ..... <u>4</u> ..... ft. to ..... <u>24</u> ..... 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   13 Insecticide Storage   16 Other (specify) 2 Sewer lines   5 Cess pool   8 Sewage lagoon   11 Fuel storage   14 Abandoned water well   15 Oil well/gas well 3 Watertight sewer lines   6 Seepage pit   9 Feedyard   12 Fertilizer Storage							
Direction from well? ..... <u>North</u> ..... How many feet? ..... <u>15</u> .....							
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
<u>0</u>	<u>2</u>	<u>TOPSOIL</u>					
<u>2</u>	<u>14</u>	<u>Clay</u>					
<u>16</u>	<u>31</u>	<u>Green Shale</u>					
<u>31</u>	<u>63</u>	<u>blue Shale</u>					
<u>63</u>	<u>71</u>	<u>broken limestone</u>					
<u>71</u>	<u>75</u>	<u>Limestone</u>					

**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) 2/26/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. LE11. This Water Well Record was completed on (mo/day/year) 3/26/06. Under the business name of Chase Well Drills by (signature) D. Chase

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.