

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

(to rectify lacking or incorrect information)

County: Butler**Location listed as:**Section-Township-Range: 12 - 29 S - 2 EFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NW SW NW**Location changed to:**17 - 27 S - 3 ENW SE SW**Other changes:** Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, city street map, and mapping tool on KGS website.initials: DR date: 7/20/2006submitted 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. _____

| | | | | | |
|---|-----------|---|--|----------------------------------|------------------------------|
| 1 LOCATION OF WATER WELL: County: <i>Franklin Butler</i> | | Fraction <i>SW 1/4 SW 1/4 NW 1/4</i> | Section Number <i>12</i> | Township Number <i>T 29 S</i> | Range Number <i>R 2 E</i> |
| Distance and direction from nearest town or city street address of well if located within city? <i>Leoti Brentwood</i> | | | Global Positioning Systems (decimal degrees, min. of 4 digits) | | |
| 2 WATER WELL OWNER: RR#, St. Address, Box # <i>Po Box 424</i> City, State, ZIP Code <i>Andover, KS</i> | | | Latitude: _____ | Longitude: _____ | Elevation: _____ |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | 4 DEPTH OF COMPLETED WELL ft. | | |
| | | | Depth(s) Groundwater Encountered (1) 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 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 10 Domestic (lawn & garden) 10 Monitoring well | | |
| | | | Was a chemical/bacteriological sample submitted to Department? Yes No Sample was submitted Water well disinfected? Yes No | | |
| 5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) | | | CASING JOINTS: Glued Clamped..... Welded..... Threaded..... | | |
| Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | |
| Casing height above land surface in., Weight lbs./ft. Wall thickness or guage No. <i>1100PSI</i> | | | | | |
| 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 5 Glazed 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 ft. to ft., From ft. to ft. From ft. to ft., From ft. to ft. | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. From ft. to ft., From ft. to ft. | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From ft. to 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 below) Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well | | | | | |
| Direction from well? <i>East</i> How many feet? <i>600 ft</i> | | | | | |
| FROM | TO | LITHOLOGIC LOG | | FROM | TO |
| <i>0</i> | <i>3</i> | <i>Top Soil</i> | | | |
| <i>3</i> | <i>18</i> | <i>Clay</i> | | | |
| <i>18</i> | <i>45</i> | <i>Limestone</i> | | | |
| <i>45</i> | <i>79</i> | <i>Blue Shale</i> | | | |
| 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) <i>5-20-00</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>740</i> This Water Well Record was completed on (mo/day/year) <i>6-17-06</i> under the business name of <i>Wenger Drilling Inc.</i> by (signature) <i>John W. Wengenmeyer</i> | | | | | |

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. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.