

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

(to rectify lacking or incorrect information)

County: Butler County

Location listed as:

Section-Township-Range: 29-27 S-1 W

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

Location changed to:

29-27 S-3 E

NW NW NW

Other changes: Initial statements: _____

Changed to: _____

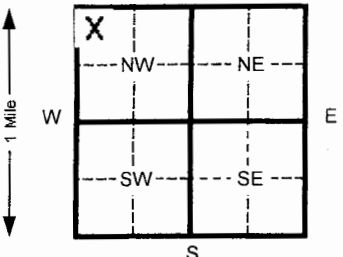
Comments: _____

verification method: Written & legal descriptions, position on plat
map, and Andover 1:24,000 topo. map.

initials: ARL date: 4/23/2007

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.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Butler		NW ¼ NW ¼ NW ¼	29	T 27 S	R 1
Distance and direction from nearest town or city street address of well if located within city? 514 South Andover Rd, Andover, KS, Lat.: 37°40'45.00460" Long.: 97°8'6.00528"					
2 WATER WELL OWNER: Phillips 66 Company					
RR#, St. Address, Box # : 1234 Phillips 66 Bldg.					
City, State, ZIP Code : Bartlesville, OK 74004					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 25 ft. ELEVATION: 1321.59 (TOC)			
		Depth(s) Groundwater Encountered 1 11 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 11.05 ft. below land surface measured on mo/day/yr 3/14/07			
		Pump test data: Well water was N/A ft. after _____ hours pumping _____ gpm			
		Est. Yield N/A gpm: Well water was N/A ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 8 in. to 25 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 _____ No X If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No X			
5 TYPE OF BLANK CASING USED:					
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 _____					
7 Fiberglass _____ Threaded _____					
Blank casing diameter 2 in. to 5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface 0 in., weight 0.682 lbs./ft. Wall thickness or gauge No. 0.154 in.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
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:					
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) _____					
SCREEN-PERFORATED INTERVALS: From 5 ft. to 25 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 3 ft. to 25 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals From 1 ft. to 3 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? Unknown How many feet? Unknown					
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0 ft. 0.5 ft. Concrete					
0.5 3 Brown silty clay w/ gravel					
3 5 Dark gray silty clay					
5 13 Gray silty clay					
13 17 Brown silty clay w/ weathered limestone					
17 25 Dark gray highly weathered shale					
RECEIVED					
APR 02 2007					
DEPARTMENT 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/yr) 3/1/07 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 616 This Water Well Record was completed on (mo/day/yr) 3/21/07					
under the business name of Thiele Geotech, Inc. by (signature) D. J. Al					
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.					