

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

(to rectify lacking or incorrect information)

County: Butler

Location listed as:

Section-Township-Range: Noae Given

Fraction ( ¼ ¼ ¼): NE NE SE

Location changed to:

6 - 275 - 3 E

NE NE SE

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

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

verification method: Phone call to well contractor, well address, position on plat map, and mapping tool on KGS website.

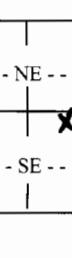
initials: DRL date: 5/5/2008

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.

1 LOCATION OF WATER WELL: County: <u>Franklin</u> <u>Butler</u>		Fraction <u>NE 1/4 NE 1/4 SE 1/4</u>	Section Number	Township Number	Range Number		
Distance and direction from nearest town or city street address of well if located within city? <u>202 W Capstone, Andover</u>		Global Positioning Systems (decimal degrees, min. of 4 digits)					
2 WATER WELL OWNER: <u>moeder Construction</u> RR#, St. Address, Box # <u>4700 W. Irving</u> City, State, ZIP Code <u>Wichita, KS 67109</u>		Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL ..... <u>80</u> ft.					
		Depth(s) Groundwater Encountered (1) <u>30</u> ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL ..... <u>30</u> ft. below land surface measured on mo/day/yr. Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield <u>50</u> 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 <u>7</u> Domestic (lawn & garden) 10 Monitoring well  Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... If yes, mo/day/yr Sample was submitted ..... Water well disinfected? Yes ..... No ..... X					
5 TYPE OF CASING USED:		5 Wrought Iron 1 Steel <u>2 PVC</u>	8 Concrete tile 6 Asbestos-Cement 7 Fiberglass	CASING JOINTS: Glued..... Clamped..... Welded..... Threaded.....			
Blank casing diameter ..... <u>5</u> in. to ..... <u>80</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.							
Casing height above land surface ..... <u>12</u> in., Weight ..... <u>2.5</u> lbs./ft. Wall thickness or guage No. <u>SDR20</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:		1 Steel 2 Brass	3 Stainless Steel 4 Galvanized Steel	5 Fiberglass 6 Concrete tile	7 PVC 8 RM (SR) 9 ABS 10 Asbestos-Cement	11 Other (Specify) ..... 12 None used (open hole) ..... 13 Insecticide Storage 14 Abandoned water well below) 15 Oil well/gas well ..... 16 Other (specify below) .....	
SCREEN OR PERFORATION OPENINGS ARE:		1 Continuous slot 2 Louvered shutter	3 Mill slot 4 Key punched	5 Guazed wrapped 6 Wire wrapped	7 Torch cut <u>8</u> Saw Cut	9 Drilled holes 10 Other (specify) ..... 11 None (open hole) ..... 12 None used (open hole) ..... 13 Insecticide Storage 14 Abandoned water well below) 15 Oil well/gas well ..... 16 Other (specify below) .....	
SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... <u>80</u> ft., From ..... ft. to ..... ft.							
From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.							
GRAVEL PACK INTERVALS: From ..... <u>20</u> ft. to ..... <u>80</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.							
From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.							
6 GROUT MATERIAL: 1 Neat cement Grout Intervals: From ..... <u>30</u> ft. to ..... <u>20</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.		2 Cement grout <u>3</u> Bentonite 4 Other ..... What is the nearest source of possible contamination:					
1 Septic tank <u>2</u> Sewer lines 3 Watertight sewer lines		4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer Storage 13 Insecticide Storage 14 Abandoned water well below) 15 Oil well/gas well ..... 16 Other (specify below) .....					
Direction from well? <u>North</u>		How many feet? <u>40</u>					
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
<u>0</u>	<u>3</u>	<u>Top soil</u>					
<u>3</u>	<u>30</u>	<u>yellow clay</u>					
<u>30</u>	<u>50</u>	<u>yellow limestone</u>					
<u>50</u>	<u>80</u>	<u>grey 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) 3/26/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 238. This Water Well Record was completed on (mo/day/year) 3/27/08 under the business name of Premier Pump & Well Service Inc. by (signature) Anna Karcher (AK)

**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>.