

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

(to rectify lacking or incorrect information)

County: ELK

Location listed as:

Section-Township-Range: 5-28S-4E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE NE SW

Location changed to:

29-31S-11E

SW NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Phone call to well contractor, county ownership map, and mapping tool on KGS website.

initials: DRP date: 5/1/2007

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.

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: ELK Fraction: SE 1/4 NE 1/4 SW 1/4 Section Number: 5 Township Number: T 28 S Range Number: R 4 E

Distance and direction from nearest town or city street address of well if located within city? 2 South 3 East 1/2 S of MoLineks

2 WATER WELL OWNER: Karl Hanna
RR#, St. Address, Box #: 15555 E 37th St N
City, State, ZIP Code: Wichita KS 67228

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

--NW--		--NE--	
	X		
--SW--		--SE--	

4 DEPTH OF COMPLETED WELL 270 ft.

Depth(s) Groundwater Encountered (1) 260 ft. (2) _____ ft. (3) _____ ft.
WELL'S STATIC WATER LEVEL 200 ft. below land surface measured on mo/day/yr. _____
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield. 7 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 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 _____

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued 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 10.40 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface 18 in., Weight 160 lbs./ft. Wall thickness or gauge No. 12.14

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 Gauzed 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 40 ft. to 270 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 0 ft. to 3 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 below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well

Direction from well? N How many feet? 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>3</u>	<u>Soil</u>			
<u>3</u>	<u>15</u>	<u>Rock</u>			
<u>15</u>	<u>28</u>	<u>Clay</u>			
<u>28</u>	<u>270</u>	<u>Shale + Lime</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) 11/7/00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 257 This Water Well Record was completed on (mo/day/year) 12/20/00 under the business name of Winter Well Drill by (signature) Charles Wheeler

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>.