

CORRECTION(S) TO WATER WELL RECORD (WWC-5)  
(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: \_\_\_\_\_

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

County: \_\_\_\_\_

Riley

Location ~~changed to~~:

10-9S-7E

SW NW NW

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

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

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

verification method: Latitude & longitude, legal description, and  
Olsburg SW 1:24,000 topo. map.

initials: ARL date: 5/9/2007

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.

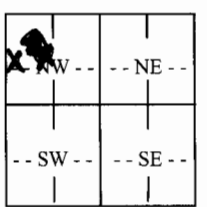
**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: _____	Fraction <u>SW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>10</u>	Township Number T <u>9</u> S	Range Number R <u>7</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>NA</u>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: <u>39.28792</u> Longitude: <u>96.64392</u> Elevation: <u>1181</u> Datum: <u>WGS 84</u> Data Collection Method: <u>GDS</u>		

**2 WATER WELL OWNER:** Duane Benton  
RR#, St. Address, Box # : 4298 Cedar Ridge Dr  
City, State, ZIP Code : Manhattan, ks 66502

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N  W E S	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>240</u> ..... 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 <u>12 Other (Specify below)</u> 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well <u>Ground Source</u>  Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes ..... No <u>X</u> .....
---	--

**5 TYPE OF CASING USED:** 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped.....  
1 Steel 3 RMP (SR) 6 Asbestos-Cement Other (specify below) Welded  
2 PVC 4 ABS 7 Fiberglass H.D.P.E. Threaded.....  
Blank casing diameter 3/4 in. to 240 ft., Diameter..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface..... 60 in., Weight..... lbs./ft. Wall thickness or gauge No. SDR 11

**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..... 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 0 ft. to 240 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 House

Direction from well? ..... How many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	Shale			
10	13	Limestone			
13	66	Shale soft yellow			
66	75	Voidal			
75	78	Limestone			
78	110	Alt shale Red, grey			
110	113	Limestone			
113	140	Shale grey			
140	142	Voidal			
142	240	no cutting Return			

**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) 3/1/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 11/24/07 under the business name of ASSOCIATION DRILLING CO. by (signature) [Signature]

**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>.