

County: Russell Fraction: SE NE SW Sec. 31 T. 13 S R. 13 W

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

Owner: Anderson Aerial Spraying MW 6

If location corrected, was listed as:

Section-Township-Range: 31-13-14

Fraction (1/4 calls): SE NE SW

Location changed to:

31-13-13

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

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

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

Verification method: Google maps and KGS mapper based on address on WWC-5

Initials: SH Date: 10/21/2019

Submitted by: ☒ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724  
☐ 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: Russell		SE 1/4 NE 1/4 SW 1/4		31		T 13 S		R 14 E	
Distance and direction from nearest town or city street address of well if located within city?									
4231 Airport Terrace, Russell, Kansas									
2 WATER WELL OWNER: Anderson Aerial Spraying									
RR#, St. Address, Box # : PO Box 933					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Russell, Kansas 67665					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: 20 ft. ELEVATION: 1862.75						
			Depth(s) Groundwater Encountered 1. ft 2. ft 3. ft						
			WELL'S STATIC WATER LEVEL: 5.71 ft. below land surface measured on mo/day/yr 1/8/99						
			Pump test data: Well water was NA ft. after hours pumping gpm						
			Est. Yield: NA gpm: Well water was ft. after hours pumping gpm						
Bore Hole Diameter: 8 in. to 20 ft. and in. to			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 Lawn and garden only 10 Monitoring well						
			Was a chemical/bacteriological sample submitted to Department? Yes No						
			Water Well Disinfected? Yes No						
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 10 ft. Dia. in. to ft. Dia. in. to									
Casing height above land surface: -4.08 in., weight: Sch 40 lbs./ft. Wall thickness or gauge No.									
TYPE OF SCREEN OR PERFORATION MATERIAL									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)									
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 10 ft. to 20 ft. From ft. to ft.									
GRAVEL PACK INTERVALS: From 9 ft. to 20 ft. From ft. to ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout Intervals: From 0 ft. to 6 ft. From 6 ft. to 9 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 Former UST									
Direction from well? North									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 2 Clay, Brown									
2 7 Clay, Brown									
7 16 Clay, Yellow Brown									
16 20 Clay, Yellow Brown-Orange Brown									
MW6, Tag # 00281762, Flushmount									
Project Name: Anderson Aerial Spraying									
GeoCore # 737, KDHE # U6 084 10516									
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) 1/5/99 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 1/11/99									
under the business name of GeoCore Services, Inc. by (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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									