

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

County: Ellis

Location listed as:

Location changed to:

Section-Township-Range: NA

8 T13 R20W

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

NW NW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Ellis co ownership map, directions given by driller

initials: JB date: 8-16-04

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: County: **Ellis** Fraction: **NW 1/4 NW 1/4 NE 1/4** Section Number: Township Number: **T S R E/W** Range Number:

Distance and direction from nearest town or city street address of well if located within city?

125' North of well #8

2 WATER WELL OWNER: **City of Ellis**
 RR#, St. Address, Box #: **815 Jefferson** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Ellis, KS 67637** Application Number:

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

	N	
--NW--	X	--NE--
W		E
--SW--		--SE--
	S	

4 DEPTH OF COMPLETED WELL: **54.0** ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered: **8.80** ft. 2 **8.80** ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: **8.80** ft. below land surface measured on mo/day/yr: **7/13/04**
 Pump test data: Well water was **38.6** ft. after **4** hours pumping **440** 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 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes No _____; If yes, mo/day/yr sample was submitted **7/14/04** 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 _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter: **0** in. to **3.9** ft., Dia **4.9** in. to **54** ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **26"** in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-Cement
 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 11 Other (Specify) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 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 **3.9** ft. to **4.9** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **3.7** ft. to **5.4** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____
 Grout Intervals: From **0** ft. to **2.0** ft., From **3.5** ft. to **3.7** 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 **None known**
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1.5	Topsoil			
1.5	4.0	Dark Brown Clay			
4.0	14.5	Light Brown Silty Clay			
14.5	21	Med to Coarse Brown Sand w/fines			
21	24.5	Med to fine w/clay			
24.5	29.0	Med to fine w/coarse			
29	36	same w/grey clay			
36	39	med to coarse w/fines trace clay			
39	49	Med to coarse w/fines + gravel			
49		Grey shale			

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) **7/12/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **581** This Water Well Record was completed on (mo/day/yr) **7/26/04** under the business name of **Layne Christensen Co.** by (signature) **Russell W Redding**

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.