

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

County: Ellis

Location listed as:

Section-Township-Range: 7-11S-27W

Fraction (1/4 1/4 1/4): NW NE SW

Location changed to:

8-13S-20W

C SE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well site address, city street map, and mapping tool & aerial photos on KGS website.

initials: DRP date: 10/30/2009

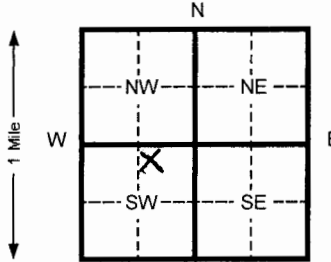
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1 LOCATION OF WATER WELL: Fraction **NW 1/4 NE 1/4 SW 1/4** Section Number **7** Township Number **T 11 S** Range Number **R 27 W E**
 County: **Ellis**

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

2 WATER WELL OWNER: **Les Weber**
 RR#, St. Address, Box #: **715 W. 10th St.** 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:



4 DEPTH OF COMPLETED WELL **23.5** ft. ELEVATION:
 Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ Ft.
 WELL'S STATIC WATER LEVEL **NA** 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
 Bore Hole Diameter **8.625** In. to **24** Ft. and _____ in. to _____ Ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 **Injection well**
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well **OI-6**
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was Submitted _____ Water Well Disinfected? Yes _____ No **X**

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 **X**

Blank casing diameter **1** in. to **21.5** Ft., Dia. _____ in. to _____ Ft., Dia. _____ in. to _____ ft.
 Casing height above land surface **FLUSH** in., weight **SCH 40** 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:
 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 **21.5** ft. to **23.5** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 SAND PACK INTERVALS: From **20.5** ft. to **23** 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 3 **18.5** ft. to **20.5** Ft. From 2 **1** Ft. to **18.5** 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)**
Contaminated Site

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		Gravel			
.5	21		Silty Clay			
21	24		Sand			
24	TD		END BOREHOLE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w Completed on (mo/day/yr) **9/15/2009** And this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **10/12/2009**
 under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

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