

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

County: Ellis

Location listed as:

Section-Township-Range: 7-115-27 W

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

Location changed to:

8-135-20 W

SW SE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well owner's address, city street map, other monitoring wells for same owner nearby, and mapping tool on KGS website. initials: DRF date: 9/12/2011

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. **MW 36**

1 LOCATION OF WATER WELL: County: Ellis	Fraction $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 7	Township Number T 11 S	Range Number R 27 E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> .		Global Positioning System (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Garmin 60SCx) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input checked="" type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: Les Weber RR#, St. Address, Box # : Weber's Service & Repair, Inc. City, State, ZIP Code : 715 West 10th St Ellis, KS 67637				

3 LOCATE WELL WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL _____ 30 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: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

5 TYPE OF CASING USED: Steel PVC Other _____

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **2** in. to **7.5** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface **0** in., Weight **.716** lbs./ft. Wall thickness or gauge No. **.154**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify) _____
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **7.5** ft. to **30** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **5.5** ft. to **30** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Intervals From **0** ft. to **2** ft. From **2** ft. to **5.5** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well **Contaminated site**
 Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Grass—topsoil—Brown silts 0-2.5'			
2	6	Brown moist, silty clays & clayey silts Soft drier @ 4.5'			
6	10	Brown moist soft silty clays—no odor Wet @ 8.5' to 10'			
10	18.5	Harder drilling 18' - 18.5			
18.5	23	Soft again			
23	30	Harder drilling @ 23' - 24'—wet Cuttings coming up			
30		Bor			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **5/19/11** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554**. This Water Well Record was completed on (mo/day/year) **6/7/11** under the business name of **Woofter Pump & Well Inc.** by (signature) *Jay L. Woofter*

INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.