

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Ellis

Location listed as:

Section-Township-Range: 11-185-14

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

Location changed to:

11-145-18 W

SE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: well address, legal description, position on plat map, and mapping tool on KGS website.

initials: DRL date: 5/12/2006

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. [REDACTED]

1 LOCATION OF WATER WELL:
 County: Ellis Fraction ~~SE~~ 1/4 NW 1/4 Section Number 11 Township Number T 18 S Range Number R 14 E/W
 Distance and direction from nearest town or city street address of well if located within city? _____ **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____

2 WATER WELL OWNER: Shaw Builders
 RR#, St. Address, Box # : 382 Us Hwy 40
 City, State, ZIP Code : Ellis, Ks. 67637
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

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

NW	NE
X	
SW	SE

4 DEPTH OF COMPLETED WELL 56 ft.
 Depth(s) Groundwater Encountered (1) 25 ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on mo/day/yr. _____
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 30 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) 10 Monitoring well _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No ✓; If yes, mo/day/yr
 Sample was submitted _____ Water well disinfected? Yes ✓ No _____

5 TYPE OF CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued X Clamped _____
2 PVC 4 ABS 7 Fiberglass _____ Welded _____
 _____ Threaded _____
 Blank casing diameter 5 in. to 50 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 18 in., weight 16.0 lbs./ft. Wall thickness or guage No. SDR26
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 Guazed 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 56 ft. to 36 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 56 ft. to 25 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 20 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 wll/gas well
 Direction from well? W How many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	TOP SOIL			
2	18	YELLOW CLAY			
18	25	CLAY + SAND			
25	39	SAND			
39	41	YELLOW CLAY			
41	53	DARK CLAY			
53	56	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) 3/28/00 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 473 This Water Well Recored was completed on (mo/day/year) 4/10/06
 Under the business name of Pfannenstiel Water Well 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.