

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: _____

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

County: Kingman

Location ~~changed to:~~

11-27 S-10 W

SW SW NE

Other changes: Initial statements: Sedgwick County

Changed to: Kingman County

Comments: _____

verification method: well/site address, area road map, legal description, position on plat map, water rights information in WIMAS database, and mapping tool on KGS website. initials: DRK date: 6/4/2012

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.

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction <u>SW 1/4 SW 1/4 NE 1/4</u>		Section Number <u>11</u>		Township No. <u>T 27 S</u>		Range Number <u>R 10</u> <input type="checkbox"/> 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 checked="" type="checkbox"/> .					Global Positioning System (GPS) information: Latitude: (in decimal degrees) Longitude: (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input 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: <u>COTTON Wood Feeders</u> RR#, Street Address, Box #: <u>14481 NW 50th St.</u> City, State, ZIP Code: <u>Cunningham, KS 67035</u>																																																						
3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px;">NW</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px;">NE</td> </tr> <tr> <td style="width: 20px;">SW</td> <td style="width: 20px;"></td> <td style="width: 20px;">SE</td> </tr> </table> </div> S [-----] 1 mile [-----]		NW	X	NE	SW		SE	4 DEPTH OF COMPLETED WELL <u>180</u> ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL <u>6.7</u> 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 <u>1.1</u> in. to..... ft., and..... in. to..... ft. 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 checked="" 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																														
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5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter <u>5</u> in. to <u>180</u> ft., Diameter..... in. to..... ft. Casing height above land surface <u>16</u> in., Weight <u>160</u> lbs./ft., Wall thickness or gauge No. <u>26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) SCREEN-PERFORATED INTERVALS: From <u>160</u> ft. to <u>180</u> ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>180</u> ft., From..... ft. to..... ft. From..... ft. to..... ft., From..... ft. to..... ft.																																																						
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From..... ft. to..... ft., From..... ft. to..... ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input checked="" type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well Direction from well <u>South</u> Distance from well <u>1/4 mi</u>																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 80%;">LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr><td>0</td><td>3</td><td>TOPSOIL</td></tr> <tr><td>3</td><td>18</td><td>Sandy Clay</td></tr> <tr><td>18</td><td>36</td><td>Med Course Sand gravel</td></tr> <tr><td>36</td><td>39</td><td>Tan clay</td></tr> <tr><td>39</td><td>62</td><td>Med Course Sand gravel</td></tr> <tr><td>62</td><td>76</td><td>Tan Clay</td></tr> <tr><td>76</td><td>79</td><td>Fine Sand</td></tr> <tr><td>79</td><td>87</td><td>Tan clay</td></tr> <tr><td>87</td><td>96</td><td>Fine Sand</td></tr> <tr><td>96</td><td>105</td><td>Fine Sand</td></tr> </tbody> </table>					FROM	TO	LITHOLOGIC LOG	0	3	TOPSOIL	3	18	Sandy Clay	18	36	Med Course Sand gravel	36	39	Tan clay	39	62	Med Course Sand gravel	62	76	Tan Clay	76	79	Fine Sand	79	87	Tan clay	87	96	Fine Sand	96	105	Fine Sand	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 80%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr><td>105</td><td>132</td><td>Med Course Sand gravel</td></tr> <tr><td>132</td><td>137</td><td>Tan Clay</td></tr> <tr><td>137</td><td>180</td><td>Med Sand gravel w/ Course streaks</td></tr> </tbody> </table>					FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	105	132	Med Course Sand gravel	132	137	Tan Clay	137	180	Med Sand gravel w/ Course streaks
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>12/9/11</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>6611</u> This Water Well Record was completed on (mo/day/year) <u>12/29/11</u> under the business name of <u>Chase Drilling</u> by (signature) <u>D. Chase</u>																																																						
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. 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 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html .																																																						