

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: Sedgwick

Location changed to:

20-27S-4W

SW SW NW

Other changes: Initial statements: Kingman County

Changed to: Sedgwick County

Comments: _____

verification method: Written & legal descriptions, area road map on internet,
and county map.

initials: DRB date: 4/28/2006

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: ~~SEDGWICK~~ **KINGMAN** **SW**^{1/4} **SW**^{1/4} **NW**^{1/4}

Distance and direction from nearest town or city street address of well if located within city? **100 N. 391st W. Cheney, KS 67025**

Section Number **20**

Township Number **T 27 S**

Range Number **R 9 E**

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

2 WATER WELL OWNER:

RR#, St. Address, Box # **J. Welinger**

City, State, ZIP Code _____

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

-- NW --		-- NE --
X		
-- SW --		-- SE --

4 DEPTH OF COMPLETED WELL **65** ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL **10** ft. below land surface measured on mo/day/yr. _____

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield. **20** 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 **X**; If yes, mo/day/yr

Sample was submitted _____ Water well disinfected? Yes **X** No _____

5 TYPE OF CASING USED:

1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile

2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)

Blank casing diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface _____ in., Weight **2.40** lbs./ft. Wall thickness or gauge No. **160 PSI**

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 Gauzed 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 **10** ft. to **65** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **10** ft. to **65** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL:

1 Neat cement 2 Cement grout **3** Bentonite 4 Other _____

Grout Intervals: From **3** ft. to **10** 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) **POND**

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 well/gas well

Direction from well? **EAST** How many feet? **50**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	TOP SOIL			
1	3	CLAY			
3	10	FINE SAND			
10	15	MEDIUM SAND			
15	65	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) **1-12-06** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **790** This Water Well Record was completed on (mo/day/year) **2-10-06**

under the business name of **WELINGER DRILLING INC.** 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. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.