

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

County: Stanton

Location listed as:

Section-Township-Range: 26-185-24 W

Fraction (¼ ¼ ¼): NE SE NE

Location changed to:

26-285-42 W

NE SE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written description, records for other wells for same owner on same property, and mapping tool & aerial photos on KGS website. initials: DRK date: 7/12/2010

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: Stanton	Fraction ¼ NE ¼ SE ¼ NE ¼	Section Number 26	Township No. T 18 S	Range Number R 24 <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 type="checkbox"/> Manter 5 North and 1 East		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: Paul Holliday RR#, Street Address, Box #: City, State, ZIP Code : Johnson, KS				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N S -----1 mile-----	4 DEPTH OF COMPLETED WELL 500 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 Bore Hole Diameterin. toft., andin. toft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input checked="" 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 type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input 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: Steel PVC Other Eagle Loc.....
CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter .5..... in. to .500..... ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface .24..... in., Weight SDR.17.....lbs./ft., Wall thickness or gauge No.
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 .380..... ft. to .400..... ft., From .420..... ft. to .440..... ft.
From .480..... ft. to .500..... ft., From ft. to ft.
GRAVEL PACK INTERVALS: From .25..... ft. to .500..... ft., From ft. to ft.
From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
Grout Intervals: From .5..... ft. to .25..... ft., From ft. to 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
Direction from well East..... Distance from well .25.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	24	Topsoil and Brown Clay	240	268	Fine sand Little Cliche
24	32	Fine Sand	268	332	Yellow and Gray Shale Little Iron P
32	66	Brown Clay and Sandy Clay	332	390	Gray Shale and Sand Stone
66	100	Sand Medium Little Clay	390	410	Shale Hard
100	106	Sandy Clay	410	420	Shale and Sand Stone
106	124	Sand and Cliche and Clay	420	450	Shale
124	134	Sand	450	485	Sand Stone Little Brown Shale
134	143	Clay	485	500	Shale
143	238	Sand Little Clay and Cliche			
238	240	Sandy Clay and Cliche			

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) 4/14/10..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 473..... This Water Well Record was completed on (mo/day/year) 5/6/10..... under the business name of Tyler Well Serv..... by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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 785-296-5522. Send one copy 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>.