

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

Location listed as:

Section-Township-Range: 34-105-25E

Fraction ( 1/4 1/4 1/4): E 1/2 SE NE

County: Wyandotte

Location changed to:

34-105-25E

E2 E2 E2

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: Map of well locations from owner, and  
North Kansas City 1:24,000 topo. map.

initials: ORL date: 9/9/2005

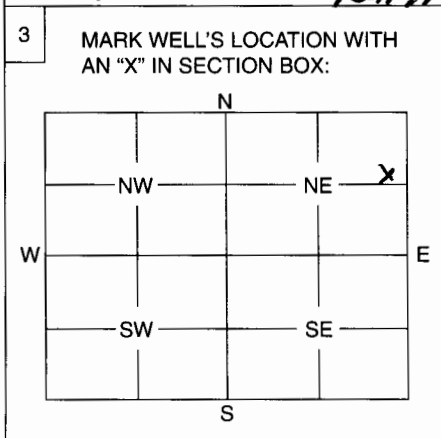
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

MW 20

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Wyandotte</u>	<u>E 1/4 SE 1/4 NE 1/4</u>	<u>34</u>	<u>10 S</u>	<u>25</u> <u>EW</u>

Distance and direction from nearest town or city street address of well if located within city?  
2029 Fairfax Rcks 66115

2	WATER WELL OWNER: <u>Conoco Phillips Company</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>1218 Phillips Bldg 400 S Reeler AVE.</u>	Application Number:
	City, State, ZIP Code: <u>Barthesville OK 74004</u>	



4	DEPTH OF WELL ..... <u>23.09</u> ft.												
	WELL'S STATIC WATER LEVEL ..... ft.												
	WELL WAS USED AS:												
	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other .....
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	Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/>												
	If yes, mo/day/yr sample was submitted .....												
	Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/>												

5	TYPE OF BLANK CASING USED:										
	<table border="0"> <tr> <td><input checked="" type="checkbox"/> 1 Steel</td> <td><input type="checkbox"/> 3 RMP (SR)</td> <td><input type="checkbox"/> 5 Wrought</td> <td><input type="checkbox"/> 7 Fiberglass</td> <td><input type="checkbox"/> 9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 PVC</td> <td><input type="checkbox"/> 4 ABS</td> <td><input type="checkbox"/> 6 Asbestos-Cement</td> <td><input type="checkbox"/> 8 Concrete Tile</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)	<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	
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	Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No ..... If yes, how much <u>111</u>										
	Casing height above or below land surface <u>29</u> in.										

6	GROUT PLUG MATERIAL: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other .....																				
	Grout Plug Intervals: From <u>23.04</u> ft. to <u>0</u> ft., From ..... ft. to ..... ft., From ..... to ..... ft.																				
	What is the nearest source of possible contamination:																				
	<table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess pool	10 Livestock pens	15 Oil well/Gas well	
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	Direction from well? ..... How many feet? .....																				

FROM	TO	PLUGGING MATERIALS
<u>23.04</u>	<u>0</u>	<u>Cement Grout</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11-11-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>704</u> This Water Well Record was completed on (mo/day/year) <u>2-11-05</u> under the business name of ..... by (signature) <u>David Humpal</u>
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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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.

R25E

NE

NW

34

35

SE

SW

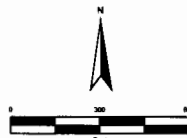
T10S

T11S

2

NW

MISSOURI RIVER



LEGEND

- ABANDONED AND REPLACED 2004/SSI
- ⊕ ABANDONED 2004/SSI
- ⊗ ABANDONED PRE-SSI/2004
- Site Boundary
- Tank
- Basemap

**ConocoPhillips**  
 BARTLESVILLE, OKLAHOMA

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KANSAS CITY REFINERY AREA  
 KANSAS CITY, KANSAS

**FIGURE 11**  
 LOCATIONS OF ABANDONED WELLS  
 AND PIEZOMETERS  
 SUPPLEMENTAL SITE INVESTIGATION (SSI)

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File Name: XX Created By: E. MOKLANDER Date Created: JUNE 2006

