

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

(to rectify lacking or incorrect information)

County: Wyandotte

Location listed as:

Location changed to:

Section-Township-Range: 22-50N-33W

35-10S-25E

Fraction ( 1/4 1/4 1/4): NW NW SW

E2 SW NW SW

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: DRL date: 9/8/2005

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 40

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Wyandotte</u>	<u>1/4 1/4 SW</u>	<u>22</u>	<u>50 N</u>	<u>33</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">E/W</span>

Distance and direction from nearest town or city street address of well if located within city?  
2029 Fairfax KCKS 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 420 S. Keeler Ave</u>	Application Number:
	City, State, ZIP Code: <u>Bartlesville OK 74004</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>26.54</u> ft.
		WELL'S STATIC WATER LEVEL ..... ft.  WELL WAS USED AS: 1 Domestic                      5 Public Water Supply                      9 Dewatering 2 Irrigation                      6 Oil Field Water Supply <input checked="" type="checkbox"/> Monitoring Well 3 Feedlot                          7 Domestic (Lawn & Garden)                      11 Injection Well 4 Industrial                      8 Air Conditioning                          12 Other .....	
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:
	<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
	Blank casing diameter <u>2</u> in.      Was casing pulled? Yes <input checked="" type="checkbox"/> No .....      If yes, how much <u>AM</u> Casing height above or below land surface <u>29</u> in.

6	GROUT PLUG MATERIAL:	1 Neat cement	<input checked="" type="checkbox"/> 2 Cement grout	3 Bentonite	4 Other .....
	Grout Plug Intervals:	From <u>26.54</u> ft.	to <u>0</u> ft.,	From ..... ft.	to ..... ft., From ..... to ..... ft.
	What is the nearest source of possible contamination:				
	<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 6 Seepage pit <input checked="" type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/Gas well				
	Direction from well? ..... How many feet? .....				

FROM	TO	PLUGGING MATERIALS
<u>26.54</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>12-12-04</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 <u>MAXS</u> by (signature) <u>David Hunch</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

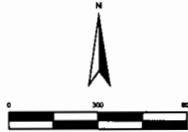
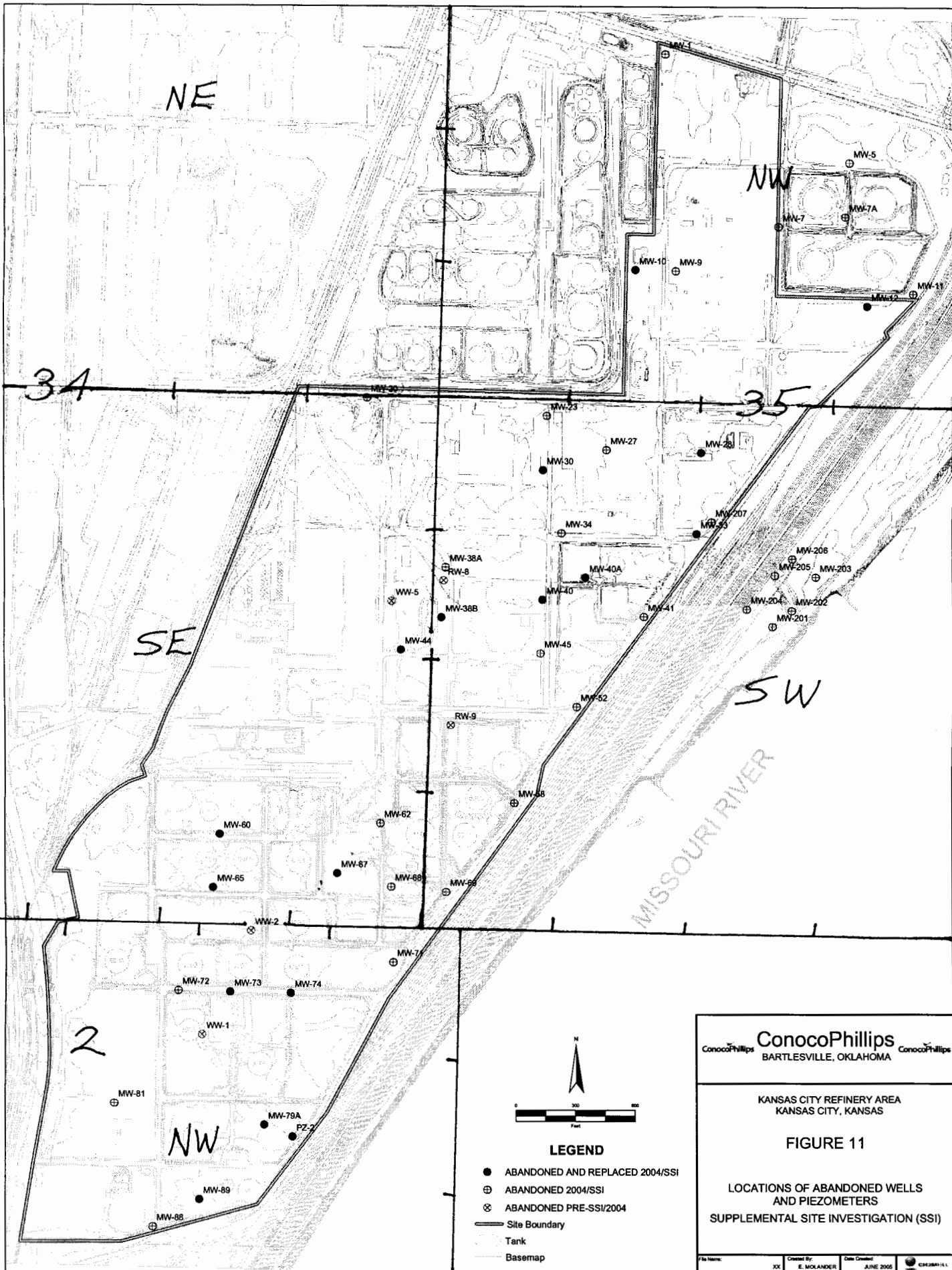
T10S

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

KANSAS CITY REFINERY AREA  
 KANSAS CITY, KANSAS

**FIGURE 11**

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