

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

(to rectify lacking or incorrect information)

**Location listed as:**

Section-Township-Range: 15-50 N-33 W

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

**Location changed to:**

County: Wyandotte

35-10 S-25 E

SW NW NW

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

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

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

verification method: Projection of legal description (Missouri system)  
onto Kansas survey system, and North Kansas City  
1:24,000 topo. map. initials: DRL date: 1/28/2008

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.

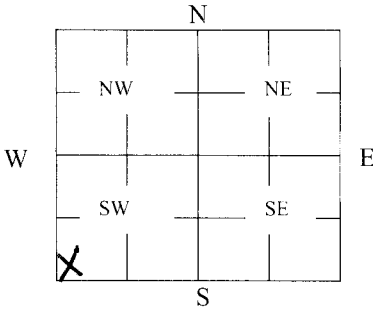
**1 LOCATION OF WATER WELL:** County Wyandotte Fraction SW<sup>1</sup>/<sub>4</sub> SW<sup>1</sup>/<sub>4</sub> SW<sup>1</sup>/<sub>4</sub> Section Number 15 Township Number T50N Range Number R33 EW

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

fairfax

**2 WATER WELL OWNER:** Conoco Phillips **Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 RR#, St. Address, Box #: 2029 Fairfax Haffner Latitude: \_\_\_\_\_  
 City, State ZIP Code: KCKS 66115 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

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



**4 DEPTH OF WELL** 26.91 ft. MW 4  
**WELL'S STATIC WATER LEVEL** 24.19 ft.

WELL WAS USED AS:

- |              |                            |   |
|--------------|----------------------------|---|
| 1 Domestic   | 5 Public Water Supply      | 9 Dewatering                                      |
| 2 Irrigation | 6 Oil Field Water Supply   | <input checked="" type="checkbox"/> 10 Monitoring |
| 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

**5 TYPE OF BLANK CASING USED:**

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 2 in. Was casing pulled? Yes  No \_\_\_\_\_ If yes, how much 26.91  
 Casing height above or below land surface 29 in.

**6 GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout  3 Bentonite 4 Other \_\_\_\_\_

Grout Plug Intervals: From 26.91 ft. to 1 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

- |                          |                   |   |                            |
|--------------------------|-------------------|---|----------------------------|
| 1 Septic tank            | 6 Seepage pit     | <input checked="" type="checkbox"/> 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                             | Direction from well? _____ |
| 5 Cess pool              | 10 Livestock pens | 15 Oil well/Gas well                                | How many feet? _____       |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>26.91</u>	<u>Chip Bentonite</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/24/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 704. This Water Well Record was completed on (mo/day/year) 11-13-07 under the business name of Max's by (signature) David Hingle

**INSTRUCTIONS:** Use typewriter or ballpoint 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. Visit us at <http://www.kdheks.gov/geo/waterwells>.