

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

(to rectify lacking or incorrect information)

Location listed as:

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

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

County: Wyandotte

Location changed to:

35-10 S-25 E

NW SW SW 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: DRK 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.

<b>1 LOCATION OF WATER WELL:</b> County: <u>Wyandotte</u>	Fraction <u>NW<sup>1</sup>/<sub>4</sub> NW<sup>1</sup>/<sub>4</sub> NW<sup>1</sup>/<sub>4</sub></u>	Section Number <u>22</u>	Township Number <u>T50N</u>	Range Number <u>R33</u> E <input checked="" type="checkbox"/> W
--	---	--------------------------	-----------------------------	---

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

<b>2 WATER WELL OWNER:</b> <u>CONOCO PHILLIPS</u> RR#, St. Address, Box #: <u>2029 Fairfax trafficking</u> City, State ZIP Code: <u>KCKS 66115</u>	<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
--	---

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

N			
X			
NW		NE	
SW		SE	
S			

W E

**4 DEPTH OF WELL** 26.69 ft.  
WELL'S STATIC WATER LEVEL 25.13 ft. MW 16

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"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	_____

Blank casing diameter 2 in. Was casing pulled? Yes  No \_\_\_\_\_ If yes, how much 26.69  
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 26.69 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"/> 10 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>26.69</u>	<u>1</u>	<u>Bentonite Chip</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) 11-18-07 under the business name of maxs by (signature) David Nungesser

**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>.