

County: Riley Fraction SW NW NE Sec. 2 T 10 S R 7 (E/W)

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

Owner: John Steffen

Location was listed as:

Section-Township-Range: 2-10-8E

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

Location changed to:

2-10-5-7E

SW NW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Well site address, city street map, and mapping tool on KGS website.

Submitted by: _____ initials: ORA date: 5/8/2013
to: 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:	Fraction	Section Number	Township Number	Range Number
	County: <u>Riley</u>	<u>SW 1/4 NW 1/4 NE 1/4</u>	<u>2</u>	<u>10</u>	<u>-8 E</u>

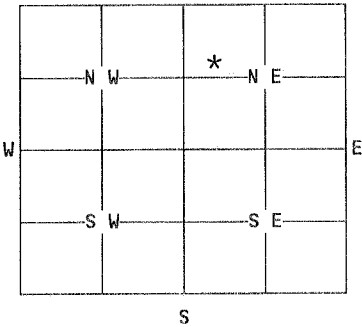
Distance and direction from nearest town or city street address of well if located within city?

3031 Sunnyside DR. Manhattan (Sargent Addition)

2 WATER WELL OWNER: John Steffen

RR#, St. Address, Box #: 3031 Sunnyside Dr. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Manhattan, KS. 66502 Application Number:

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



4 DEPTH OF WELL.....168.....ft.
WELL'S STATIC WATER LEVEL.....97.....ft.

WELL WAS USED AS:

- | | | |
|--------------|--------------------------|--------------------|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well |
| 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning | 12 Other..... |

Was a chemical/bacteriological sample submitted to Department? Yes....No.*
If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes...*... No.....

5 TYPE OF BLANK CASING USED:

- | | | | | |
|---------|------------|-------------------|-----------------|-------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (specify below) |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter.....5.....in. Was casing pulled? Yes..... No.....* If yes, how much.....
Casing height above or below land surface.....4.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From 4...ft. to 80ft., From.....ft. toft., From..... to.....ft.

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|-------------------------|--------------------------|
| 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 | |

Direction from well? ...North..... How many feet? ...150.....

FROM	TO	PLUGGING MATERIALS
<u>4</u>	<u>80</u>	<u>Bentonite Plug</u>
<u>80</u>	<u>168</u>	<u>Sand</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....12/95..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.518..... This Water Well Record was completed on (mo/day/year)1/4/96..... under the business name ofBlue Valley Drilling..... by (signature)Evan Steffen.....

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.