

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

(to rectify lacking or incorrect information)

County: Wyandotte

Location listed as:

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

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

Location changed to:

2-11S-25E

SW SW NW

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

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

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

verification method: Well address, city street map, and

Kansas City 1:24,000 topo. map.

initials: DR date: 4/18/2005

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.

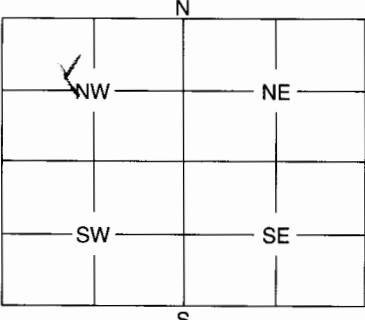
mw 205

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <u>Wyandotte</u>		<u>NE 1/4 NW 1/4 SE 1/4</u>	<u>2</u>	<u>1</u>	<u>50 N</u>	<u>33</u>	<u>E/W</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 420 S Keeler Ave</u>		Application Number:
City, State, ZIP Code: <u>Bartholomew OK 74004</u>		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>25.16</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 <u>✓</u> If yes, mo/day/yr sample was submitted _____  Water Well Disinfected: Yes _____ No <u>✓</u>															

5	TYPE OF BLANK CASING USED:												
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>				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	
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>✓</u> No _____ If yes, how much <u>114</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>25.16</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ ft. 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><input checked="" type="checkbox"/> 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	<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		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
25.16	0	Cement Grout

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12-2-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>707</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 H. H. H.</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.