

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

Location listed as:

Section-Township-Range: _____

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

County: _____

Location ~~changed to~~:

18-11 S-7 E

NW

Other changes: Initial statements: No county given

Changed to: Riley County

Comments: _____

verification method: Legal description, latitude & longitude,
and mapping tool on KGS website

initials: DRB date: 10/2/2007

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.

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: Fraction NW $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number 18 Township Number 11 South Range Number 7 **EW**

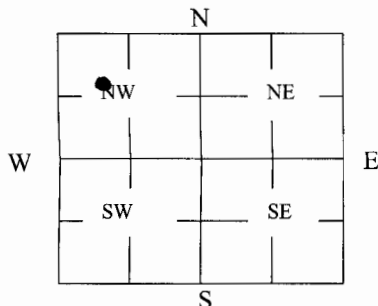
Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER:

RR#, St. Address, Box #: KDOT
731 West Crawford
City, State ZIP Code: Clay Center KS 67432

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: 39.098824350
Longitude: 96.702756851
Elevation: 1038.51
Datum: _____
Data Collection Method: _____

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

4 DEPTH OF WELL 38 ft.

WELL'S STATIC WATER LEVEL 17 ft.

WELL WAS USED AS:

- | | | |
|--|---|--|
| ☒ 1 Domestic | ☐ 5 Public Water Supply | ☐ 9 Dewatering |
| ☐ 2 Irrigation | ☐ 6 Oil Field Water Supply | ☐ 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 ☒ **X**

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 ☒ **X** If yes, how much _____
Casing height above or below land surface 60" in.

6 GROUT PLUG MATERIAL: ☐ 1 Neat cement ☐ 2 Cement grout ☒ 3 Bentonite ☐ 4 Other _____

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., 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 | 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
38'	21'	pea gravel (treated with household 5.25% Bleach)			
21'	9'	clean clay			
9'	5'	Bentonite			
cutoff PVC casing 5' below surface and backfilled with clean clay					
capped pipe with excess bentonite					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) _____ under the business name of _____ by (signature) Hennrich Shivers

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>.