

County: Lyon Fraction NE NW SW Sec. 14 T 16 S R 11 (E/W)

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

(to rectify lacking or incorrect information)

Owner: Jacque Scott

Location was listed as:

Location changed to:

Section-Township-Range: 14-16S-3E

14-16S-11E

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

NE NW SW

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

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

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

Verification method: well site address, city street map, and mapping tool & aerial photos on KGS website.

initials: DRD date: 10/30/2013

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.**

\_\_\_\_\_

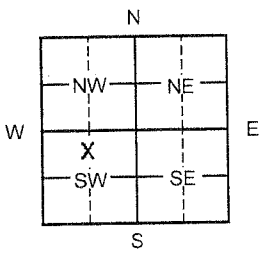
<b>1 LOCATION OF WATER WELL:</b> County: <b>Lyon</b>	Fraction <b>NE ¼ NW ¼ SW ¼</b>	Section Number <b>14</b>	Township Number <b>16S</b>	Range Number <b>3E</b>
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Distance and direction from nearest town or city street address of well if located within city?

229 E. 8th St, Allen, KS

<b>2 WATER WELL OWNER:</b> Jacque Scott  RR#, St. Address, Box #: 319 E Irwin  City, State, ZIP Code: Iola, KS 66749	<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: <u>NA</u> Longitude: <u>NA</u> Elevation: <u>NA</u> Datum: <u>NA</u> Data Collection Method: <u>NA</u>
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<b>3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF WELL</b> <u>13.24</u> ft. MW9
	WELL'S STATIC WATER LEVEL <u>NA</u> ft.



WELL WAS USED AS:

- |              |                            |  |
|--------------|----------------------------|--|
| 1 Domestic   | 5 Public Water Supply      | 9 Dewatering                                   |
| 2 Irrigation | 6 Oil Field Water Supply   | <input checked="" type="radio"/> 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)
<input checked="" type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	_____

Blank casing diameter 2 in. Was casing pulled? Yes x No \_\_\_ If yes, how much 3ft  
Casing height above or below land surface NA in.

**6 GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout  3 Bentonite  4 Other Soil: 0-3ft

Grout Plug Intervals: From 3 ft. to 13.24 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. 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
<u>0</u>	<u>3</u>	<b>Soil</b>			
<u>3</u>	<u>13.24</u>	<b>Bentonite</b>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/9/13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 9/23/13 under the business name of Larsen and Associates, Inc. by (signature) \_\_\_\_\_

**INSTRUCTIONS:** Please fill in blanks 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 66612-367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kanhealth.gov/waterwell>.