

County: Lyon Fraction: NE, SE, SE Sec. 10 T. 19 S R. 11 E

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

Owner: George Delgado Hand-Dug well

If location corrected, was listed as:

Location changed to:

Section-Township-Range: _____

Fraction (1/4 calls): _____

Other changes: Initial statements: Blank casing type, casing diameter, casing removed, and intervals plugging materials placed were not reported or clearly reported.

Changed to: Rock casing, dia. ~3 ft at top & ~7 ft at TD. Several feet of casing & debris inside were removed. 1/2-inch rock 18-12 ft, grout 12-11.5 ft, clay 11.5-10.5 ft, casing rock 10.5- 1 ft, topsoil 0-1 ft

Comments: _____

Verification method: Verified well & plugging details with Tim Leiser. Well location confirmed using STR Finder & Google Earth.

Initials: PKC Date: 9/6/2022

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
 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: County: <u>LYON</u>	Fraction <u>NE 1/4 SE 1/4 SE 1/4</u> 1/4	Section Number <u>10</u>	Township Number <u>T 19S S 40</u>	Range Number <u>11</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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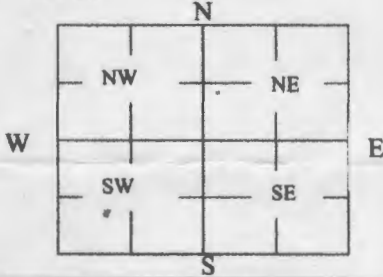
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 810 Sylvan Emporia, KS 66801

Global Positioning Systems (GPS) information:
 Latitude: 38.40784743 (in decimal degrees)
 Longitude: -96.1722041 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: George, Alex, Dalia, Nancy
 RR#, St. Address, Box #: Delgado
 City, State ZIP Code: 810 Sylvan Emporia KS 66801

GPS unit (Make/Model): _____
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

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



4 DEPTH OF WELL 18 ft.

WELL'S STATIC WATER LEVEL 12 ft

WELL WAS USED AS:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ |

Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

- Steel RMP (SR) Wrought Fiberglass Other (Specify below) _____
 PVC ABS Asbestos-Cement Concrete Tile _____

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

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel storage | <input type="checkbox"/> Other (specify below) _____ |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? _____ |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? _____ |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
		<u>Bleach</u>			
<u>18ft</u>	<u>12ft</u>	<u>Rock</u>			
<u>12ft</u>		<u>Bentonite (4 bags)</u>			
		<u>clay base material</u>			
		<u>on top</u>			
		<u>above clay ribbon - backfill</u>			
		<u>material - dirt</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 08/04/2022 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) 08/19/2022 under the business name of Leiser Excavating LLC by (signature) L. L.

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.