

County: Lyon Fraction: NE, NW, NW, NE Sec. 22 T. 19 S. R. 11 E

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

Owner: Southwick House, Inc. Well A

If location corrected, was listed as:

Location changed to:

Section-Township-Range: _____

Fraction (1/4 calls): _____

Other changes: Initial statements: Casing type, diameter, and whether any removed were not reported.

Changed to: Rock casing, at least 3 ft diameter, 5 ft removed in this hand-dug well.

Comments: _____

Verification method: STR Finder and Communication with plugging contractor on 7/16/2025.

Initials: PKC Date: 7/16/2025

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

(rev 01/26/2018)

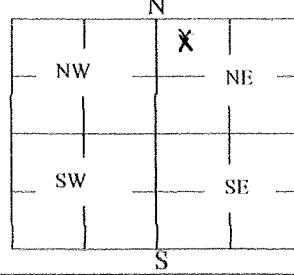
WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

Well A

1 LOCATION OF WATER WELL:		Fraction County: <u>Lyon</u>	NE 1/4 NW 1/4 NW 1/4 NE 1/4	Section Number <u>22</u>	Township Number T <u>19</u> S	Range Number 11 <input checked="" type="checkbox"/> E <input type="checkbox"/> W																																				
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>			Global Positioning Systems (GPS) information: Latitude: <u>38.3899393</u> (in decimal degrees) Longitude: <u>-96.1783397</u> (in decimal degrees) Elevation: Horizontal Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method:																																							
2 WATER WELL OWNER: <u>Southwick House Inc</u> RR#, St. Address, Box #: <u>P.O. Box 1235</u> City, State ZIP Code: <u>Emporia KS 66801</u>			<input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																							
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <u>28</u> ft.		WELL'S STATIC WATER LEVEL <u>23</u> ft.																																						
		WELL WAS USED AS:		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____																																						
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																										
5 TYPE OF BLANK CASING USED:																																										
<input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Other (Specify below) _____																																										
Blank casing diameter _____ in. Was casing pulled? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much _____ Casing height above or below land surface _____ in.																																										
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> 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"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool		<input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens		<input type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well Direction from well? _____ <input type="checkbox"/> Other (specify below) _____ How many feet? _____																																						
<table border="1"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>28</u></td> <td><u>20</u></td> <td><u>1 Gallon Clorox</u></td> <td></td> <td></td> <td><u>Before bleach opened up</u></td> </tr> <tr> <td><u>20</u></td> <td><u>19.5</u></td> <td><u>Washed rock</u></td> <td></td> <td></td> <td><u>Well for access.</u></td> </tr> <tr> <td><u>19.5</u></td> <td><u>2</u></td> <td><u>Bentonite</u></td> <td></td> <td></td> <td><u>Unaccessable for slurry mix.</u></td> </tr> <tr> <td><u>2</u></td> <td><u>0</u></td> <td><u>Clay + rock</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><u>Top soil</u></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	<u>28</u>	<u>20</u>	<u>1 Gallon Clorox</u>			<u>Before bleach opened up</u>	<u>20</u>	<u>19.5</u>	<u>Washed rock</u>			<u>Well for access.</u>	<u>19.5</u>	<u>2</u>	<u>Bentonite</u>			<u>Unaccessable for slurry mix.</u>	<u>2</u>	<u>0</u>	<u>Clay + rock</u>						<u>Top soil</u>			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/16/2024 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. Leiser Excavating LLC. This Water Well Record was completed on (mo/day/year) 11/16/2024 under the business name of Leiser Excavating LLC by (signature) Lin Leiser

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.