

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 (¼ 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

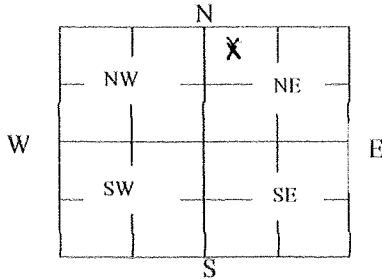
WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

Well A

1 LOCATION OF WATER WELL: County: <u>Lyon</u> 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"/> <u>115 E Logan Ave</u> <u>Emporia KS 66801</u>	Fraction <u>NE 1/4 NW 1/4 NE 1/4</u>	Section Number <u>22</u>	Township Number <u>T 19 S</u>	Range Number <u>11</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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>		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: _____ <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** 28 ft.WELL'S STATIC WATER LEVEL 23 ft

WELL WAS USED AS:

- ☒
- Domestic
-
- ☐
- Irrigation
-
- ☐
- Feedlot
-
- ☐
- Industrial

- ☐
- Public Water Supply
-
- ☐
- Oil Field Water Supply
-
- ☐
- Domestic (Lawn & Garden)
-
- ☐
- Air Conditioning

- ☐
- Dewatering
-
- ☐
- Monitoring
-
- ☐
- Injection Well
-
- ☐
- 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 | |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | |

Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
		1 Gallon Clorox			Before bleach opened up
28	20	Washed rock			well for access.
20	19.5	Bentonite			Unaccessable for slurry
19.5	2	Clay + rock			mix.
2	0	Top soil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/6/2024 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) 11/26/2024 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.

KSA82a-1212

Revised 1/20/2015