

County: Marion Fraction SW-SE-SW Sec. 33 T 19 S R 3 E/W

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

(to rectify lacking or incorrect information)

Owner: _____

Location was listed as:

Section-Township-Range: 33 - 19S - 3E

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

Location changed to:

33 - 19S - 3E

SW - SE - SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Mapped Location 1528 190th St and Ariel image.

initials: DF date: 4/15/14

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.

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: MARION		1/4 1/4 1/4	33SWQTR T-19 S		R 3 E EW

Distance and direction from nearest town or city street address of well if located within city?
4.5 W OF MARION KS 1528 190TH

2 WATER WELL OWNER:
 RR #, St. Address, Box #: **1528 190TH MARION, KS 66861** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **1528 190TH MARION, KS 66861** Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 32 ft. WELL'S STATIC WATER LEVEL 18 ft. WELL WAS USED AS: <table style="width:100%; border:none;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes <input checked="" type="checkbox"/> No</p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
1 Domestic	5 Public Water Supply	9 Dewatering											
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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	NATWEROCK - HAND DUG

Blank casing diameter **2'** in. Was casing pulled? Yes No If yes, how much

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

Grout Plug Intervals: From **5** ft. to **6** 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	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? **NW** How many feet? **150'**

FROM	TO	PLUGGING MATERIALS
0	5	TOPSOIL
5	6	BENTONITE
6	15	SAND
18	15	ROCKS
15	18	CHLORINE

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **1-10-2014** 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) **1-10-2014** under the business name of **DALKE CONST INC** by (signature) **Ant Callo**

INSTRUCTIONS: Use typewriter or ball point 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.