

County: Marion Fraction SW NW NW Sec. 15 T 21 S R 1 EW

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

(to rectify lacking or incorrect information)

Owner: Jason Tracy

Location was listed as:

Location changed to:

Section-Township-Range: 15-21-1W

15-21S-1E

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

SW NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Legal description, well owner's address and area road map, and mapping tool & aerial photos on KGS website.

initials: ORL date: 6/24/2013

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.

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Marion</u>	$\frac{1}{4}$ $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>15</u>	<u>21</u>	<u>1</u>

Distance and direction from nearest town or city street address of well if located within city? _____

2	WATER WELL OWNER: <u>Jason Tracy</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>1078 N Chisholm Trl</u>	Application Number: _____
	City, State, ZIP Code: <u>Newton, KS 67114</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>16</u> ft.																
	<div style="text-align:center;">N</div> <table border="1" style="width:100%; height:100px; border-collapse: collapse;"> <tr> <td style="width:25%; text-align:center;">X</td> <td style="width:25%; text-align:center;">NW</td> <td style="width:25%; text-align:center;">NE</td> <td style="width:25%;"></td> </tr> <tr> <td style="width:25%; text-align:center;">W</td> <td></td> <td></td> <td style="width:25%; text-align:center;">E</td> </tr> <tr> <td></td> <td style="text-align:center;">SW</td> <td style="text-align:center;">SE</td> <td></td> </tr> <tr> <td></td> <td colspan="3" style="text-align:center;">S</td> </tr> </table>	X	NW	NE		W			E		SW	SE			S			WELL'S STATIC WATER LEVEL <u>2</u> ft.	
X		NW	NE																
W			E																
	SW	SE																	
	S																		
		WELL WAS USED AS:	<table style="width:100%;"> <tr> <td><u>1</u> 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>		<u>1</u> 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			
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		Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>	If yes, mo/day/yr sample was submitted																
		Water Well Disinfected: Yes <u>X</u> No																	

5	TYPE OF BLANK CASING USED:										
	<table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td><u>9 Other (Specify below)</u></td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td><u>Bricks</u></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	<u>9 Other (Specify below)</u>	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	<u>Bricks</u>
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	Blank casing diameter in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>5 ft below</u>										
	Casing height above or below land surface <u>60 below</u> in.										

6	GROUT PLUG MATERIAL:																				
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	Grout Plug Intervals: From <u>4.5</u> ft. to <u>5.0</u> ft., From <u>0.5</u> ft. to ft., From to ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? <u>SE</u> How many feet? <u>200</u>																				

FROM	TO	PLUGGING MATERIALS
<u>16'</u>	<u>14'</u>	<u>sand (to water level)</u>
<u>14'</u>	<u>5'</u>	<u>clay/subsoil</u>
<u>5'</u>	<u>4.5'</u>	<u>Bentonite</u>
<u>4.5'</u>	<u>surface</u>	<u>top soil</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>May 25, 2013</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>May 30, 2013</u> This Water Well Record was completed on (mo/day/year) <u>May 30, 2013</u> under the business name of <u>Jason Tracy</u> by (signature) <u>Jason Tracy</u>
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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.