

County: Chase Fraction: SW NW SW SE Sec. 24 T 21 S R 5 E

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

Owner: Teresa Hill

If location corrected, was listed as:

Location changed to:

Section-Township-Range: 24-21S-5E

24-21S-5E

Fraction (1/4 calls): SE SW NW

SW NW SW SE

Other changes: Initial statements: Marion County

Latitude: 38° 12' 13.29", Longitude: 96° 49' 52.71", WGS 84.

Changed to: Chase County

Latitude: 38.203717, Longitude: -96.83128, WGS 84.

Comments: Well was plugged because of bad water quality. Water quality in older 40-ft well (Norman Clothier well) (40 ft. S. of this well) was

Verification method: Latitude & longitude given on construction form, <sup>fine</sup> written description, communications with well owner, and mapping tool & aerial photos on KGS website. Initials: DR Date: 12/18/2017

Submitted by:  Kansas Geological Survey, Data Resources Library, 1930 Constant Avenue, 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

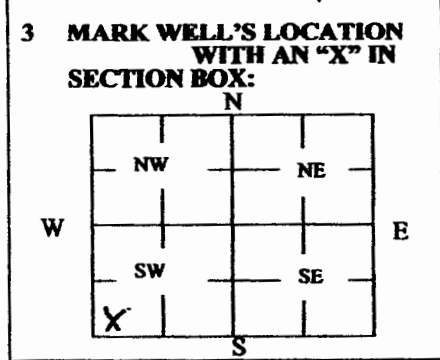
ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: <u>Marion</u>	Fraction <u>1/4 SE 1/4 SW 1/4 NW</u>	Section Number <u>24</u>	Township Number <u>T 21</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span>	Range Number <u>R 05</u> <input checked="" type="checkbox"/> E <input type="checkbox"/>
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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  End of 90th & Clovers, 1st Driveway South, 1/2 mile East, NE of base

**Global Positioning Systems (GPS) information:**  
 Latitude: 38° 12' 13.29" (in decimal degrees)  
 Longitude: 96° 49' 52.71 W (in decimal degrees)  
 Elevation: 200 Ft  
 Datum:  WGS84,  NAD83,  NAD27  
 Collection Method:  
 GPS unit (Make/Model: \_\_\_\_\_)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  < 3 m,  3-5 m,  5-15 m,  > 15 m

**2 WATER WELL OWNER:** Teresa Hill  
 RR#, St. Address, Box #: 2424 Timber Rl  
 City, State ZIP Code: Marion KS 66861



**4 DEPTH OF WELL** 70 ft.  
**WELL'S STATIC WATER LEVE** 20 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:**

<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specify below) _____
<input type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter 5 in. Was casing pulled? Yes  No  If yes, how much Drilled out to 48  
 Casing height above or below land surface 0 in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug Intervals: From 48 ft. to 0 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input checked="" 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? <u>South</u>
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? <u>50 FT</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>48</u>	<u>0</u>	<u>Bentonite</u>			
		<u>60 bags</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-15-15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 400. This Water Well Record was completed on (mo/day/year) 1-13-16 under the business name of Backhaus Well Drilling LLC by (signature) \_\_\_\_\_

**INSTRUCTIONS:** Use typewriter or ballpoint 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.