

County: Greenwood Fraction SW NW NE Sec. 10 T 25 S R 10 (E)W

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

Owner: _____

Location was listed as:

Location changed to:

Section-Township-Range: 32-24-11

10-25S-10E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): None Given

SW NW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Well owner's address, area road map, and
mapping tool on KGS website.

initials: DRF date: 9/20/2012

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>Greenwood</u>		$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	32	24	11 E/W

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

2	WATER WELL OWNER:	
RR #, St. Address, Box #:		43 Eureka Lake Road
City, State, ZIP Code :		Eureka, KS 67045
		Board of Agriculture, Division of Water Resources Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 17.0 ft. WELL'S STATIC WATER LEVEL 11.0 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 Well <input type="checkbox"/> Injection Well <input type="checkbox"/> Other
		Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input checked="" type="checkbox"/> No	

5	TYPE OF BLANK CASING USED:	
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <u>Hand Dug Well (rock)</u> 2 PVC 4 ABS 6 Asbestos-Cement 8 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: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other	
Grout Plug Intervals: From <u>4.5</u> ft. to <u>5.0</u> 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 <input checked="" type="checkbox"/> Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well		
Direction from well?		How many feet?

FROM	TO	PLUGGING MATERIALS
0	4.5'	Top Soil
4.5'	5'	Bentonite Cap
5'	17'	Subsoil

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NOV 02 2004
BUREAU OF WATER

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) under the business name of by (signature) <u>Steve Hallam</u> <u>10-29-04</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.