

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

(to rectify lacking or incorrect information)

County: Allen

Location listed as:

Section-Township-Range: 2-25S-19EFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NE SW NW

Location changed to:

2-25S-19ENW SW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Original construction records, position on plat map,
and mapping tool & aerial photos on KGS website.initials: DRJ date: 3/2/2011

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>Allen</u>	<u>NE SW 1/4 NW 1/4</u>	<u>2</u>		<u>25 S</u>		<u>19</u>	<u>EDN</u>

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

2 mile East⁵⁴ and 1¹⁴ South of Loharpe, Ks

2	WATER WELL OWNER: <u>Allen County Landfill</u>
	RR #, St. Address, Box #: <u>1170 2800 SW</u>
	City, State, ZIP Code: <u>Loharpe, Ks 66751</u>
	Board of Agriculture, Division of Water Resources Application Number: _____

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>45' 1</u> ft.	<u>MW 25 A</u>
		WELL'S STATIC WATER LEVEL _____ ft.		
		WELL WAS USED AS:		
		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 _____		
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 _____ No <u>X</u>				

5	TYPE OF BLANK CASING USED:
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>45' 1</u>
	Casing height above or below land surface <u>3</u> in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____
	Grout Plug Intervals: From <u>45' 1</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
	What is the nearest source of possible contamination:
	1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) <u>Landfill</u> 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? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>45' 1</u>	<u>Bentonite</u>

Original Returned to Sender
for Correction Date: 12-7-10

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9/27/10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>704</u> This Water Well Record was completed on (mo/day/year) <u>11/8/10</u> under the business name of <u>MAKS</u> by (signature) <u>David Hargis</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.