

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 18-27-3E

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

County: Buffer

Location changed to:

18-275-3E

SE SE SW

Other changes: Initial statements:

Changed to:

Comments:

verification method: written & legal descriptions, area map on internet,  
and Andover 1:24,000 topo. map.

initials: DR date: 3/4/2004

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: County: <b>BUTLER</b>	Fraction 1/4      1/4      1/4	Section Number <b>18</b>	Township Number <b>T27</b>	Range Number <b>3</b>	Number <b>0</b>																				
Distance and direction from nearest town or city street address of well if located within city? <b>515 ANGLE LANE ANDOVER, KS</b>																										
2	WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code : <b>JASON MAYGINNIS 515 ANGLE LANE ANDOVER, KS 67002</b>	Board of Agriculture, Division of Water Resources Application Number:																								
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL ..... <b>91</b> ft. WELL'S STATIC WATER LEVEL ..... <b>66</b> ft. WELL WAS USED AS:																								
		<table border="0"> <tr> <td><input checked="" type="checkbox"/> Domestic</td> <td><input type="checkbox"/> 5 Public Water Supply</td> <td><input type="checkbox"/> 9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td><input type="checkbox"/> 6 Oil Field Water Supply</td> <td><input type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td><input type="checkbox"/> 7 Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> 11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td><input type="checkbox"/> 8 Air Conditioning</td> <td><input type="checkbox"/> 12 Other .....</td> </tr> </table>						<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Domestic (Lawn & Garden)	<input type="checkbox"/> 11 Injection Well	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other .....							
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		Was a chemical / bacteriological sample submitted to Department? Yes ..... <b>No</b> ..... If yes, mo/day/yr sample was submitted .....																								
		Water Well Disinfected: Yes <b>✓</b> No .....																								
5	TYPE OF BLANK CASING USED:																									
	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> 2 PVC	<input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS	<input type="checkbox"/> 5 Wrought <input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 8 Concrete Tile	<input type="checkbox"/> 9 Other (Specify below) .....																					
	Blank casing diameter ..... <b>6</b> in.	Was casing pulled? <b>✓</b>	Yes .....	No <b>✓</b>	If yes, how much .....																					
	Casing height above or below land surface ..... <b>30</b> in.																									
6	GROUT PLUG MATERIAL: <b>1 Neat cement      2 Cement grout      3 Bentonite      4 Other .....</b>																									
	Grout Plug Intervals: From ..... <b>43</b> ft. to ..... <b>2</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																									
	What is the nearest source of possible contamination:																									
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	Direction from well? ..... How many feet? .....																									
	FROM	TO	PLUGGING MATERIALS																							
	<b>91'</b>	<b>43'</b>	<b>SAND</b>																							
	<b>43'</b>	<b>2'</b>	<b>BENTONITE</b>																							
	<b>2'</b>	<b>0'</b>	<b>TOP SOIL</b>																							
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>8-25-03</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>699</b> This Water Well Record was completed on (mo/day/year) ..... under the business name of <b>FLINT HILLS WINDMILL AND PUMP SERVICE</b> by (signature) <b>Chuck Jones</b>																									

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.