

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

(to rectify lacking or incorrect information)

County: Greenwood

Location listed as:

Location changed to:

Section-Township-Range: 18-28-13E

18-28-5-13E

Fraction ( 1/4 1/4 1/4): None Given

N2 SW SW SW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: Legal description, location given for Point of Diversion on water right record in KGS' WIMAS database, and mapping tool & aerial photo on KGS website. initials: DRJ date: 10/20/2009

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>	$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	<u>18</u>	<u>28</u>	<u>13 E</u> E/W

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

In the City of Fall River

2	WATER WELL OWNER: <u>CITY OF FALL RIVER</u> RR #, St. Address, Box #: <u>P.O. Box 125</u> City, State, ZIP Code: <u>FALL RIVER, KS 67047</u>	Board of Agriculture, Division of Water Resources Application Number: <u>959127</u>
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4	DEPTH OF WELL ..... <u>50</u> ..... ft.												
	WELL'S STATIC WATER LEVEL ..... <u>19</u> ..... ft.												
	WELL WAS USED AS: <u>Not in use for several yrs. Last Report I show 9/14/95</u>												
	<table border="0"> <tr> <td>1 Domestic</td> <td><input checked="" type="radio"/> 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 &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table>	1 Domestic	<input checked="" type="radio"/> 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 <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:										
	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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	Blank casing diameter ..... <u>6</u> ..... in. Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, how much .....										
	Casing height above or below land surface ..... <u>3 ft below</u> ..... in.										

6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other <u>GRAVEL</u>																				
	Grout Plug Intervals: From <u>6</u> ft. to <u>3</u> ft., From <u>6</u> ft. to <u>50</u> ft., From ..... to ..... ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? <u>EAST</u> How many feet? <u>25 ft.</u>																				

FROM	TO	PLUGGING MATERIALS
0	3ft	Dirt Backfill
3ft	6ft	Cement
6ft	50ft	GRAVEL

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3/10/2009</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>City officials</u> This Water Well Record was completed on (mo/day/year) <u>6/8/2009</u> under the business name of <u>City of Fall River</u> by (signature) <u>Janet Burke City Clerk</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.