

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

(to rectify lacking or incorrect information)

County:

Nemaha

Location listed as:

Section-Township-Range: 26-28-12E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE SW NW

Location changed to:

26-25-12E

NW SW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, position on plat map, location of other City of Seneca wells, and mapping tool on KGS website.

initials: DR date: 6/30/2008

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>NEMAH</u>	<u>SE 1/4 SW 1/4 NW 1/4</u>	<u>26</u>	<u>28</u>	<u>12E</u>

Distance and direction from nearest town or city street address of well if located within city?
1 MILE EAST OF SENECA KS - NORTH SIDE 36 HWY

2 WATER WELL OWNER: CITY OF SENECA KS.

RR#, St. Address, Box #: PO BOX 40 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: SENECA, KS. 66538 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N		
W		E
	X	
S		

4 DEPTH OF WELL.....88.....ft.
 WELL'S STATIC WATER LEVEL.....68.....ft.

WELL WAS USED AS:

1 Domestic	<input checked="" type="checkbox"/> Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
3 Feedlot	7 Lawn and Garden Only	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other.....

Was a chemical/bacteriological sample submitted to Department? Yes....No...
 If yes, mo/day/yr sample was submitted.....
 Water Well Disinfected: Yes... No.....

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile

Blank casing diameter...12.....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 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From 88...ft. to 3...ft., From.....ft. toft., 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	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>88'</u>	<u>3'</u>	<u>Cement GROUT</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)...5-2-08..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.621..... This Water Well Record was completed on (mo/day/year)5-29-08..... under the business name of ...ALEXANDER PUMP SERVICE, INC.... by (signature) ...Jerry Alexander.....

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.