

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

County: EIK

Location listed as:

Section-Township-Range: _____

Fraction (1/4 1/4 1/4): _____

Location ~~changed to~~:

10-315-10E

SE NW SE

Other changes: Initial statements: Montgomery County

Changed to: EIK County

Comments: _____

verification method: Written & legal descriptions, city street map,
and mapping tool on KGS website.

initials: DRK date: 9/20/2011

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: Montgomery	SE 1/4 NW 1/4 SE 1/4	10	31	10-East

Distance and direction from nearest town or city street address of well if located within city?
520 E. 3rd Street, Moline, Kansas

2 WATER WELL OWNER: **Moline Q Mart**
 RR#, St. Address, Box # **P.O. Box 128, 520 E. 3rd Street**
 City, State, ZIP Code : **Moline, Kansas 67353**
 Board of Agriculture, Division of Water Resources
 Application Number:

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

4 DEPTH OF WELL **5.50** ft.
 WELL'S STATIC WATER LEVEL **Dry** 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 Lawn and Garden (domestic) 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:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter **2.375** in. Was casing pulled? Yes _____ No If yes, how much? **N/A**
 Casing height above or below land surface **Unknown** in. **Casing plugged; casing removed to depth of 3' BTOC.**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Soils**
 Grout Plug Intervals From **5.5** ft. to **3.0** ft. From **3.0** ft. to **0.0** 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)
 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? **Northeast** How many feet? **65**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Compacted soils
3.0	5.5		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **05/26/11** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **06/26/11** under the business name of **Quad State Services, Inc.**
 by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.