

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: None Given

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  ): \_\_\_\_\_

County: Thomas

Location changed to:

14-10S-32W

SW SW NW

Other changes: Initial statements: Logan County

Changed to: Thomas County

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

verification method: Well owner's address, other monitoring wells for same owner in same section, position on plat map, and aerial photos on KGS website.

initials: DRL date: 10/25/2005

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.

## WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

<b>1</b> LOCATION OF WATER WELL:	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number	Township Number	Range Number																																				
County: <b>Logan</b>																																								
Distance and direction from nearest town or city street address of well if located within city?																																								
<b>2</b> WATER WELL OWNER: <b>J &amp; J Oil</b>																																								
RR#, St. Address, Box # <b>I-70 Hwy &amp; 83</b>																																								
City, State, ZIP Code : <b>Oakley, Ks 67748</b>																																								
Board of Agriculture, Division of Water Resources Application Number: <b>VEW-8</b>																																								
<b>3</b> MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<b>4</b> DEPTH OF WELL <b>38</b> ft.																																							
<div style="text-align: center;"> X N  <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px; text-align: center;">NW</td> <td style="width: 50px; height: 50px; text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; height: 50px; text-align: center;">SW</td> <td style="width: 50px; height: 50px; text-align: center;">SE</td> </tr> </table>  S  W      E </div>	NW	NE	SW	SE	WELL'S STATIC WATER LEVEL _____ ft.																																			
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	SW	SE																																						
	WELL WAS USED AS:																																							
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Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____																																								
If yes, mo/day/yr sample was submitted _____																																								
Water Well Disinfected: Yes _____ No _____																																								
<b>5</b> TYPE OF BLANK CASING USED:																																								
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Blank casing diameter _____ in. Was casing pulled? Yes _____ No _____ If yes, how much _____																																								
Casing height above or below land surface <b>-36</b> in.																																								
<b>6</b> GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____																																								
Grout Plug Intervals From <b>3</b> ft. to <b>38</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																								
What is the nearest source of possible contamination:																																								
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<b>7</b> CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>3-21-03</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>4-9-03</b> under the business name of <b>Woofter Pump and Well Inc.</b> by (signature) <i>Greg L. Woofter</i>																																								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.																																								