

County: Russell Fraction: SE NE SW Sec. 31 T. 13 S R. 13 W

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

Owner: Anderson Aerial Spraying MW 6

If location corrected, was listed as:

Section-Township-Range: 31-13-14

Fraction (1/4 calls): SE NE SW

Location changed to:

31-13-13

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

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

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

Verification method: Google maps and KGS mapper based on address on WWC-5

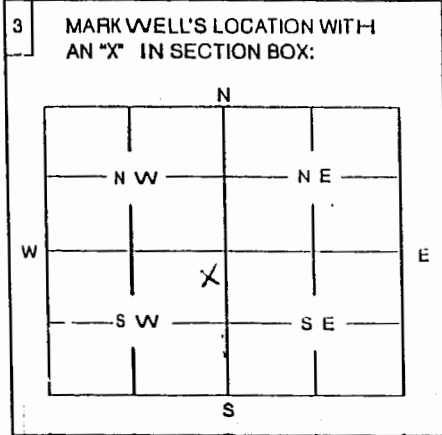
Initials: SH Date: 10/21/2019

Submitted by:  Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724  
 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

1	LOCATION OF WATER WELL: County: <u>Russell</u>	Fraction <u>SE 1/4 NE 1/4 SW 1/4</u>	Section Number <u>31</u>	Township Number <u>13 S</u>	Range Number <u>14 W</u>
---	---	---	-----------------------------	--------------------------------	-----------------------------

Distance and direction from nearest town or city street address of well if located within city?  
4231 Airport Terrace, Russell, Kansas

2 WATER WELL OWNER: Anderson Aerial Spraying  
 RR #, St. Address, Box #: P.O. Box 933  
 City, State, ZIP Code: Russell, Kansas 67665  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL 20 ft.  
 WELL'S STATIC WATER LEVEL ..... 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 Domestic (Lawn & Garden)    11 Injection Well  
 4 Industrial    8 Air Conditioning              12 Other .....

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

Water Well Disinfected: Yes ..... No X.....

5 TYPE OF BLANK CASING USED:  
 1 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 2 in.      Was casing pulled? Yes X      No .....      If yes, how much 20'  
 Casing height above or below land surface n/a in.

6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other Native soil

Grout Plug Intervals: From 0 ft. to 3 ft., From 3 ft. to 20 ft., 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      Former UST.....  
 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? North      How many feet? 60'

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>Native soil (8")</u>
<u>3</u>	<u>20</u>	<u>Bentonite (8")</u>

8" overdrill to 20'

MW 6

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/30/2004 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) ..... under the business name of GeoCore Inc. by (signature) Dale Rolt

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.