

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 11

If location corrected, was listed as:

Section-Township-Range: 31-13-14

Fraction (¼ 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

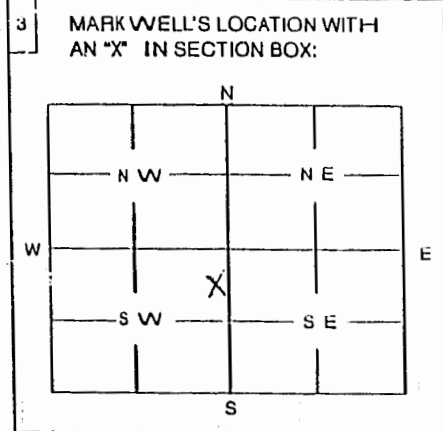
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

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>
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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: RR #, St. Address, Box #: City, State, ZIP Code :	<u>Anderson Aerial Spraying</u> <u>P.O. Box 933</u> <u>Russell, Kansas 67665</u>	Board of Agriculture, Division of Water Resources Application Number:
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4	DEPTH OF WELL <u>15</u> ft.												
	WELL'S STATIC WATER LEVEL ft.												
	WELL WAS USED AS:												
	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><u>10</u> Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & 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	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<u>10</u> Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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4 Industrial	8 Air Conditioning	12 Other											
	Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>												
	If yes, mo/day/yr sample was submitted												
	Water Well Disinfected: Yes No <u>X</u>												

5	TYPE OF BLANK CASING USED:										
	<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><u>2</u> PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<u>2</u> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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<u>2</u> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile								
	Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>15'</u>										
	Casing height above or below land surface <u>n/a</u> in.										

6	GROUT PLUG MATERIAL:																				
	<table border="0"> <tr> <td>1 Neat cement</td> <td>2 Cement grout</td> <td><u>3</u> Bentonite</td> <td><u>4</u> Other <u>Native soil</u></td> </tr> </table>	1 Neat cement	2 Cement grout	<u>3</u> Bentonite	<u>4</u> Other <u>Native soil</u>																
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	Grout Plug Intervals: From <u>0</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>15</u> ft., From to ft.																				
	What is the nearest source of possible contamination:																				
	<table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td><u>16</u> Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td><u>Former UST</u></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>	1 Septic tank	6 Seepage pit	11 Fuel storage	<u>16</u> Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	<u>Former UST</u>	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	
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	Direction from well? <u>East</u> How many feet? <u>110</u>																				

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>Native soil (8")</u>
<u>3</u>	<u>15</u>	<u>Bentonite (8")</u>

8" overdrill to 15'

MW 11

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>1/30/2004</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/year) under the business name of <u>GeoCore Inc.</u> by (signature) <u>[Signature]</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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.