

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

(to rectify lacking or incorrect information)

County: Ellis

Location listed as:

Section-Township-Range: 3-13 S-17 W

Fraction (1/4 1/4 1/4): NW SW SW

Location changed to:

3-13 S-17 W

SW SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

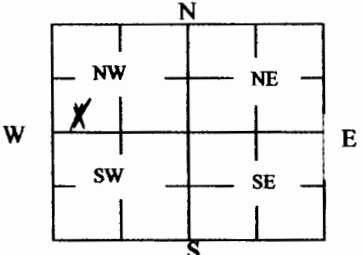
verification method: Ellis County parcel search online, position on plat map, and mapping tool & aerial photos on KGS website.

initials: DRd date: 1/19/2011

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: County: <u>Ellis</u>	Fraction <u>¼ NW ¼ SW ¼ SW ¼</u>	Section Number <u>3</u>	Township Number <u>T 13 S</u>	Range Number <u>17</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 1/2 east, 2 north, 1/2 east 1/4 south of <u>Catharine, KS</u>	Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
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2 WATER WELL OWNER: <u>Christine Schmidt</u> RR#, St. Address, Box #: <u>1680 St. John</u> City, State ZIP Code: <u>Catharine, KS 67627</u>	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>	4 DEPTH OF WELL <u>18</u> ft. WELL'S STATIC WATER LEVEL <u>8</u> ft. WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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5 TYPE OF BLANK CASING USED:

Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile Tin

Blank casing diameter 6 in. Was casing pulled? Yes No If yes, how much 10 foot
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 18 ft. to 0 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	_____
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	_____
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
18	0	Hole Plug			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/23/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 0199. This Water Well Record was completed on (mo/day/year) 12/6/10 under the business name of Karst Water Well Drilling & Service, Inc by (signature) _____

INSTRUCTIONS: Use typewriter or ballpoint 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: White Copy Blue Copy Pink Copy