

County: Ellis Fraction SE SE SE SE Sec. 1 T 14 S R 17 E(W)

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

Owner: Gilbert Riedel

Location was listed as:

Section-Township-Range: None Given

Fraction (1/4 1/4 1/4): \_\_\_\_\_

Location changed to:

1-14S-17W

SE SE SE SE

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

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

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

Verification method: written description, city street map, and mapping tool & aerial photos on KGS website.

initials: DRJ date: 12/11/2013

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

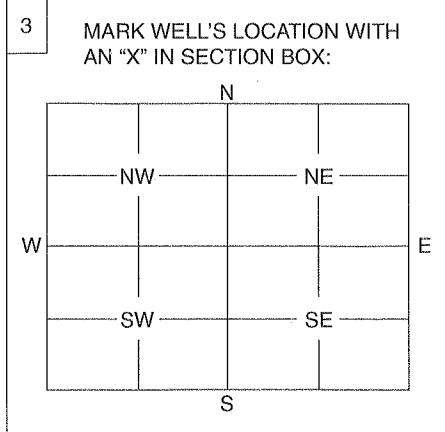
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Ellis</b>	1/4 1/4 1/4			EW

Distance and direction from nearest town or city street address of well if located within city?  
**1009 Cathedral Victoria, Ks 30' E of W 1/4 center of lot W&S**

2 WATER WELL OWNER: **Gilbert Riedel**  
**1009 Cathedral**  
 RR #, St. Address, Box #: **Victoria, Ks 67071**  
 City, State, ZIP Code : **Victoria, Ks 67071**

Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_



4 DEPTH OF WELL ..... **50** ..... ft.  
 WELL'S STATIC WATER LEVEL **36** ..... ft.

WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering
<input type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
<input type="checkbox"/> 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
<input type="checkbox"/> 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 ABS	6 Asbestos-Cement	8 Concrete Tile	<b>Hand dug - lime stone</b>

Blank casing diameter **30** in. Was casing pulled? Yes  No ..... If yes, how much **all**

Casing height above or below land surface .....

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

Grout Plug Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
<input checked="" type="checkbox"/> 2 Sewer lines	7 Pit privy	12 Fertilizer storage	.....
<input type="checkbox"/> 3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	9 Feedyard	14 Abandoned water well	
<input type="checkbox"/> 5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? **West** How many feet? **30' 50'**

FROM	TO	PLUGGING MATERIALS
<b>50'</b>	<b>5'</b>	<b>sand</b>
<b>5'</b>	<b>4'6"</b>	<b>concrete cap</b>
<b>4'6"</b>	<b>-0"</b>	<b>dirt</b>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) .....

by (signature) **Gilbert Riedel** under the business name of **City of Victoria**

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.