

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction ( 1/4 1/4 1/4) Section-Township-Range changed:

listed as SE SW SE, 30-14-2E

changed to SE SW SE, 30-145-2W

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

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

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

verification method: written & legal descriptions, and

Salina 1:24,000 topo. map. initials: DR date: 1/26/2001

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1	LOCATION OF WATER WELL: County: <u>Saline</u>	Fraction <u>SE 1/4 SW 1/4 SE 1/4</u>	Section Number <u>30</u>	Township Number <u>14</u>	Range Number <u>2E</u>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Smoky Hill LLC  
 RR#, St. Address, Box #: 645 E. Crawford  
 City, State, ZIP Code : Salina Ks.  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S	4	DEPTH OF WELL..... <u>50</u> .....ft. WELL'S STATIC WATER LEVEL.... <u>12</u> .....ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other.....
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Was a chemical/bacteriological sample submitted to Department? Yes....No X.  
 If yes, mo/day/yr sample was submitted.....  
 Water Well Disinfected: Yes. X. 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

Blank casing diameter...16...in.    Was casing pulled? Yes. X. No..... If yes, how much...72"  
 Casing height above or below land surface...6.0.....in.

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

Grout Plug Intervals: From...5...ft. to...10...ft., From.....ft. to .....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  
 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? .....South.....    How many feet? .....15.....

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>5</u>	<u>Dirt</u>
<u>5</u>	<u>10</u>	<u>Concrete</u>
<u>10</u>	<u>5</u>	<u>Sand</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)...11-9-99... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...138..... This Water Well Record was completed on (mo/day/year) ...2-28-99... under the business name of ...Smoky Hill LLC... by (signature) ...Matthew Bell.....

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.