

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 SW SW SE, 30-14-2E

changed to SW SW SE, 30-14-2W

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

9-17

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Saline</u>	<u>SW 1/4 SW 1/4 SE 1/4</u>	<u>30</u>	<u>14</u>	<u>2E</u>

Distance and direction from nearest town or city street address of well if located within city?  
1 1/2 mi. East of Mag + Ohio Salina Ks

2 WATER WELL OWNER: Smoky Hill LLC  
 RR#, St. Address, Box #: 645 E Crawford Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Salina Ks, 67401 Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4	DEPTH OF WELL..... <u>52</u> .....ft. WELL'S STATIC WATER LEVEL..... <u>11</u> .....ft. WELL WAS USED AS: 1 Domestic      5 Public Water Supply <u>9 Dewatering</u> 2 Irrigation     6 Oil Field Water Supply     10 Monitoring Well 3 Feedlot        7 Lawn and Garden Only     11 Injection Well 4 Industrial     8 Air Conditioning            12 Other.....  Was a chemical/bacteriological sample submitted to Department? Yes. <u>X</u> . No.... If yes, mo/day/yr sample was submitted.....  Water Well Disinfected: Yes. <u>X</u> . No.....																								
<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>N</td><td>W</td><td></td><td>E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td></td><td>X</td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>S</td><td></td><td></td><td></td></tr> </table>						N	W		E	W			E			X						S					
N	W		E																								
W			E																								
		X																									
S																											

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.....60.....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 Water tight 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~~ North How many feet?

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>52</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. 132 This Water Well Record was completed on (mo/day/year) 2-28-00 under the business name of Smoky Hill LLC by (signature) Jonathan Doe

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.