

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

(to rectify lacking or incorrect information)

County: Wallace

Location listed as:

Section-Township-Range: 3-14-42

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): None Given

Location changed to:

3-14S-42W

SE SE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, legal description, position on plat map, and Westan 1:24,000 topo. map.

initials: DRL date: 10/14/2004

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: WALLACE	Fraction 1/4 1/4 1/4	Section Number 3	Township Number 14	Range Number 42
---	-------------------------	----------------------------	------------------------------	---------------------------

Distance and direction from nearest town or city street address of well if located within city?
275 Coyote BLVD. WESKAN KS.

2 WATER WELL OWNER: **Sherril VINCENT**

RR#, St. Address, Box #: **275 COYOTE BLVD.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **WESKAN KS. 67762** Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
	W		E
W			E
S			

X

4 DEPTH OF WELL..... **100**.....ft.

WELL'S STATIC WATER LEVEL..... **0**.....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 Lawn and Garden Only	11 Injection Well
<input type="checkbox"/> 4 Industrial	8 Air Conditioning	12 Other.....

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:

<input checked="" type="checkbox"/> 1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
<input type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter..... **5**.....in. Was casing pulled? Yes... X... No..... If yes, how much... **7 ft.**.....

Casing height above or below land surface..... **24. Below**.....in.

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

Grout Plug Intervals: From... **0**.....ft. to... **3**.....ft., From.....ft. toft., 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 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? **North East**..... How many feet? **70**.....

FROM	TO	PLUGGING MATERIALS
100	40	Sand & Chlorine
40	3	Dirt
3	0	Cement Grout
		Dirt Covering

RECORDED
 SEP 10 2004
 BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **8-20-04** 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) under the business name of

by (signature) **Sherril Vincent**.....

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.