

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

County: Ellsworth

Location listed as:

Section-Township-Range: 19-16 S-6 W

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

Location changed to:

19-16 S-6 W

SE SE SW SW

Other changes: Initial statements: Rice County

Geneseo

Changed to: Ellsworth County

Geneseo

Comments: _____

verification method: Latitude & longitude and "LEO" conversion tool,
well owner's address and area road map, and mapping
tool & aerial photos on KGS website. initials: DRJ date: 9/27/2010

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.

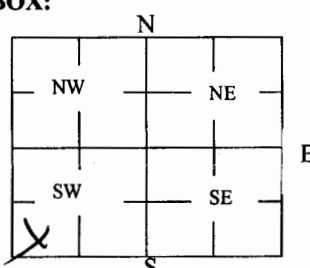
Drilled 3 @ 250'

0

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: Rice	Fraction SE ¼ SW ¼ SW ¼ ¼	Section Number 19	Township Number T 16 S	Range Number 6 <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"/>	Global Positioning Systems (GPS) information: Latitude: 38.63890 (in decimal degrees) Longitude: -98.03149 (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>MAGELLEN</u>) <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
2 WATER WELL OWNER: STEVE SNEATH RR#, St. Address, Box #: 1675 25TH RD City, State ZIP Code: GENESO, KS 67444	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>250</u> ft. WELL'S STATIC WATER LEVEL <u>NA</u> ft. WELL WAS USED AS: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Monitoring <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Air Conditioning <input checked="" type="checkbox"/> Other <u>Geothermal</u> 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) na
 PVC ABS Asbestos-Cement Concrete Tile

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

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

Grout Plug Intervals: From 0 ft. to 250 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel Storage Other (specify below) HOUSE
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well
 Cess pool Livestock pens Oil well/Gas well
 Direction from well? NORTH WEST
 How many feet? 30 FEET

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	30	RED SAND AND CLAY			
30	80	YELLOW CLAY			
80	160	BLUE SHALE			
160	250	SANDSTONE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/19/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 812. This Water Well Record was completed on (mo/day/year) 8/19/10 under the business name of Environmental Loop Service, Inc by (signature) Richard Moore

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