

County: Rush Fraction NW SW NW Sec. 32 T 17 S R 17 E/W

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

(to rectify lacking or incorrect information)

Owner: Virgil Miller

Location was listed as:

Section-Township-Range: 32-17-17

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

Location changed to:

32-17 S-17 W

NW SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Written & legal descriptions, position on plat map, and mapping tool & aerial photos on KGS website.

initials: DRJ date: 6/19/2013

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: | <i>Rush</i> | $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | <i>32</i> | <i>31</i> | <i>17</i> | | <i>17</i> | E/W |

Distance and direction from nearest town or city street address of well if located within city?

1 mile north of Bison + 2 west to south

| | | |
|---|---------------------------|---|
| 2 | WATER WELL OWNER: | Board of Agriculture, Division of Water Resources |
| | <i>Virgil Miller</i> | Application Number: |
| | RR #, St. Address, Box #: | |
| | City, State, ZIP Code : | <i>320 E 4th La Crosse</i> |

| | | | |
|---|--|--|---------------------------------|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL <i>26 ft.</i> ft. |
| | | WELL'S STATIC WATER LEVEL <i>25</i> 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 <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted | | | |
| Water Well Disinfected: Yes <input checked="" type="checkbox"/> No | | | |

| | |
|---|---|
| 5 | TYPE OF BLANK CASING USED: |
| | 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <i>stone</i> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile |
| | Blank casing diameter <i>3 ft.</i> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much Casing height above or below land surface in. |

| | | | | | |
|---|-----------------------|-----------------------|---------------------|----------------|------------------------------|
| 6 | GROUT PLUG MATERIAL: | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other <i>fill</i> |
| | Grout Plug Intervals: | From <i>6 in.</i> ft. | to <i>1 ft.</i> ft. | From ft. | to ft., From 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? How many feet? | | | | | |

| FROM | TO | PLUGGING MATERIALS |
|-----------------------|------------|--------------------|
| <i>0 ins to 6 ins</i> | <i>ins</i> | <i>dirt</i> |
| <i>6 ins to 1 ft.</i> | <i>ft.</i> | <i>plug</i> |
| <i>1 ft to 24 ft</i> | <i>ft</i> | <i>dirt</i> |
| <i>24 to 26 ft</i> | <i>ft</i> | <i>sand</i> |
| | | |
| | | |
| | | |

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|---|---|
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>2/27/13</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>31113</i> This Water Well Record was completed on (mo/day/year) <i>3/1/13</i> under the business name of <i>Virgil Miller</i> by (signature) <i>Virgil Miller</i> |
|---|---|

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.