

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

(to rectify lacking or incorrect information)

County: Scott

**Location listed as:**

Section-Township-Range: 19 - Scott City Township

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): Lot 6 Block 36

**Location changed to:**

19-185-32W

NW NW NW NW

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

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

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

verification method: Written & legal descriptions, city map on internet,  
and Scott City 1:24,000 topo. map.

initials: DRD date: 10/12/2005

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: <u>Scott</u>	$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	<u>19</u>	<u>Original Township</u> <u>City of Scott City</u>	<u>LOT 6</u>	<u>Block 36</u> E/W

Distance and direction from nearest town or city street address of well if located within city?  
From Intersection 5<sup>th</sup> & Main 150' East on 5<sup>th</sup> to Alley - 150' South on Alley

2 WATER WELL OWNER: <u>City of Scott City</u> <u>221 W. 5<sup>th</sup></u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: City, State, ZIP Code : <u>Scott City, KS. 67871</u>	Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL ..... <u>74'</u> ..... ft.
	WELL'S STATIC WATER LEVEL <u>Dry</u> ..... ft.
	WELL WAS USED AS: 1 Domestic <input checked="" type="checkbox"/> 5 Public Water Supply                      9 Dewatering 2 Irrigation                      6 Oil Field Water Supply                      10 Monitoring Well 3 Feedlot                          7 Domestic (Lawn & Garden)                      11 Injection Well 4 Industrial                      8 Air Conditioning                                      12 Other .....
Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, mo/day/yr sample was submitted .....	
Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> .....	

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 20 ..... in.      Was casing pulled? Yes  ..... No  .....      If yes, how much .....

Casing height above or below land surface 4' below ..... in.

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

Grout Plug Intervals: From 74 ..... ft. to 3 ..... 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? West .....      How many feet? 27' .....

FROM	TO	PLUGGING MATERIALS
<u>74</u>	<u>3</u>	<u>Cement.</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-20-05 ..... 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) Mike Todd 716660 - Public Work Manager City of Scott City

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.