

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

(to rectify lacking or incorrect information)

**Location listed as:**

Section-Township-Range: 31 - 1 - 20

Fraction ( $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): SW

County: Phillips

**Location changed to:**

31 - 15 - 20 W

W2 SE SW

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

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

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

verification method: legal description, position on plat map, and mapping tool & aerial photos on KGS website.

initials: DR date: 11/19/2009

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: Phillips	Fraction 1/4 1/4 SW 1/4	Section Number 31	Township Number 1	Range Number 20																				
Distance and direction from nearest town or city street address of well if located within city? <i>3 3/4 SW of Long Island</i>																									
2	WATER WELL OWNER: Name: Carol Ross	RR #, St. Address, Box #: Rural Route 1 Box 20 City, State, ZIP Code : Almena, Kansas 67622-9714 Board of Agriculture, Division of Water Resources Application Number:																							
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4	DEPTH OF WELL ..... <i>80</i> ft	WELL'S STATIC WATER LEVEL ..... <i>29'</i> ft.																					
WELL WAS USED AS: <table><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Domestic (Lawn &amp; Garden)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other .....</td></tr></table>						1 Domestic	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 .....								
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Was a chemical / bacteriological sample submitted to Department? Yes ..... No ..... If yes, mo/day/yr sample was submitted .....																									
Water Well Disinfected: Yes ..... No .....																									
5	TYPE OF BLANK CASING USED: <table><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (Specify below)</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td>.....</td></tr></table>					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	.....										
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Blank casing diameter ..... in. Was casing pulled? Yes ..... No ..... 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 .....																								
Grout Plug Intervals: From ..... 0 ..... ft. to ..... 32' ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																									
What is the nearest source of possible contamination: <table><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td>.....</td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td>.....</td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td>.....</td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td>.....</td></tr></table> <i>Active well</i>						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	.....
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Direction from well? ..... <i>SW</i> ..... How many feet? ..... <i>10</i> .....																									
FROM	TO	PLUGGING MATERIALS																							
0	32	<i>Bentonite chunks</i>																							
32	80	<i>chlorinated gravel</i>																							
<i>Top 6" Concrete</i>																									
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>8/6/2008</i> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>433</i> ..... This Water Well Record was completed on (mo/day/year) <i>8/6/2008</i> ..... under the business name of <i>Chas. Sargent Irrigation Co., Inc.</i> ..... by (signature) <i>[Signature]</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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																									