

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: DRL 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 $\frac{1}{4}$ $\frac{1}{4}$ SW $\frac{1}{4}$	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? 3 3/4 SW of Long Island																									
2 WATER WELL OWNER: 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: <div style="text-align: center;">N W E S E S</div>		4 DEPTH OF WELL 80' ft WELL'S STATIC WATER LEVEL 29' ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td><input checked="" type="radio"/> 1 Domestic</td> <td><input type="radio"/> 5 Public Water Supply</td> <td><input type="radio"/> 9 Dewatering</td> </tr> <tr> <td><input checked="" type="radio"/> 2 Irrigation</td> <td><input type="radio"/> 6 Oil Field Water Supply</td> <td><input type="radio"/> 10 Monitoring Well</td> </tr> <tr> <td><input type="radio"/> 3 Feedlot</td> <td><input type="radio"/> 7 Domestic (Lawn & Garden)</td> <td><input type="radio"/> 11 Injection Well</td> </tr> <tr> <td><input type="radio"/> 4 Industrial</td> <td><input type="radio"/> 8 Air Conditioning</td> <td><input type="radio"/> 12 Other</td> </tr> </table> 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 <input checked="" type="checkbox"/> No			<input checked="" type="radio"/> 1 Domestic	<input type="radio"/> 5 Public Water Supply	<input type="radio"/> 9 Dewatering	<input checked="" type="radio"/> 2 Irrigation	<input type="radio"/> 6 Oil Field Water Supply	<input type="radio"/> 10 Monitoring Well	<input type="radio"/> 3 Feedlot	<input type="radio"/> 7 Domestic (Lawn & Garden)	<input type="radio"/> 11 Injection Well	<input type="radio"/> 4 Industrial	<input type="radio"/> 8 Air Conditioning	<input type="radio"/> 12 Other									
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"> <tr> <td><input checked="" type="radio"/> 1 Steel</td> <td><input type="radio"/> 3 RMP (SR)</td> <td><input type="radio"/> 5 Wrought</td> <td><input type="radio"/> 7 Fiberglass</td> <td><input type="radio"/> 9 Other (Specify below)</td> </tr> <tr> <td><input type="radio"/> 2 PVC</td> <td><input type="radio"/> 4 ABS</td> <td><input type="radio"/> 6 Asbestos-Cement</td> <td><input type="radio"/> 8 Concrete Tile</td> <td>.....</td> </tr> </table> Blank casing diameter 16 in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much Casing height above or below land surface 18" in.					<input checked="" type="radio"/> 1 Steel	<input type="radio"/> 3 RMP (SR)	<input type="radio"/> 5 Wrought	<input type="radio"/> 7 Fiberglass	<input type="radio"/> 9 Other (Specify below)	<input type="radio"/> 2 PVC	<input type="radio"/> 4 ABS	<input type="radio"/> 6 Asbestos-Cement	<input type="radio"/> 8 Concrete Tile											
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6 GROUT PLUG MATERIAL: <input type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input type="radio"/> 4 Other Grout Plug Intervals: From 0 ft. to 32' ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td><input type="radio"/> 1 Septic tank</td> <td><input type="radio"/> 6 Seepage pit</td> <td><input type="radio"/> 11 Fuel storage</td> <td><input type="radio"/> 16 Other (specify below)</td> </tr> <tr> <td><input type="radio"/> 2 Sewer lines</td> <td><input type="radio"/> 7 Pit privy</td> <td><input type="radio"/> 12 Fertilizer storage</td> <td>Active well</td> </tr> <tr> <td><input type="radio"/> 3 Watertight sewer lines</td> <td><input type="radio"/> 8 Sewage lagoon</td> <td><input type="radio"/> 13 Insecticide storage</td> <td></td> </tr> <tr> <td><input type="radio"/> 4 Lateral lines</td> <td><input type="radio"/> 9 Feedyard</td> <td><input type="radio"/> 14 Abandoned water well</td> <td></td> </tr> <tr> <td><input type="radio"/> 5 Cess Pool</td> <td><input type="radio"/> 10 Livestock pens</td> <td><input type="radio"/> 15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? SE How many feet? 10					<input type="radio"/> 1 Septic tank	<input type="radio"/> 6 Seepage pit	<input type="radio"/> 11 Fuel storage	<input type="radio"/> 16 Other (specify below)	<input type="radio"/> 2 Sewer lines	<input type="radio"/> 7 Pit privy	<input type="radio"/> 12 Fertilizer storage	Active well	<input type="radio"/> 3 Watertight sewer lines	<input type="radio"/> 8 Sewage lagoon	<input type="radio"/> 13 Insecticide storage		<input type="radio"/> 4 Lateral lines	<input type="radio"/> 9 Feedyard	<input type="radio"/> 14 Abandoned water well		<input type="radio"/> 5 Cess Pool	<input type="radio"/> 10 Livestock pens	<input type="radio"/> 15 Oil well/Gas well		
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>32</td> <td>Bentonite Chunks</td> </tr> <tr> <td>32</td> <td>80</td> <td>Chlorinated gravel</td> </tr> <tr> <td></td> <td></td> <td>Top 6" Concrete</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	0	32	Bentonite Chunks	32	80	Chlorinated gravel			Top 6" Concrete									
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/6/2008 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 433 This Water Well Record was completed on (mo/day/year) 8/6/2008 under the business name of Chas. Sargent Irrigation Co., Inc. 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.																									