

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

County: Pawnee

Location listed as:

Section-Township-Range: 28-22-17

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

Location changed to:

28-225-17 W

C SE

Other changes: Initial statements: 7 mi. West of Larned, KS.

Changed to: From Larned: 7 mi. SW. on Hwy. 56.

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

verification method: Legal description, parcel search on Pawnee County's  
Appraiser's website, county ownership map, and water rights records  
in KGS' WIMAS database. initials: DR date: 10/9/2009

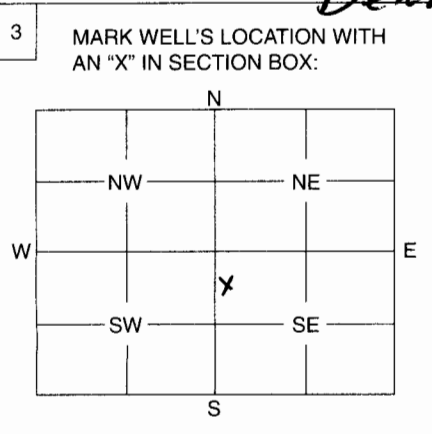
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<i>Pawnee</i>	<i>4 5/8 1/4 NW 1/4</i>	<i>28</i>	<i>22</i>	<i>17 E/W</i>

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

*7 mi. West of Larned Ks.*

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #:	<i>766 SE Eastman</i>	Application Number:
City, State, ZIP Code	<i>Bever Colo, 80231</i>	



4	DEPTH OF WELL	<i>19</i> ft.
	WELL'S STATIC WATER LEVEL	<i>7</i> ft.
WELL WAS USED AS:		
<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering
<input checked="" type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well
<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Domestic (Lawn & Garden)	<input type="checkbox"/> 11 Injection Well
<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 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 <input checked="" type="checkbox"/> No .....		

5	TYPE OF BLANK CASING USED:			
<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	
Blank casing diameter	<i>1 1/2</i> in.	Was casing pulled?	Yes <input checked="" type="checkbox"/> No .....	If yes, how much <i>3'</i>
Casing height above or below land surface	<i>36"</i> in.			

6	GROUT PLUG MATERIAL:	<input type="checkbox"/> 1 Neat cement	<input type="checkbox"/> 2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	<input type="checkbox"/> 4 Other
Grout Plug Intervals:	From <i>7</i> ft. to <i>3</i> ft.,	From ..... ft. to ..... ft.,	From ..... ft. to ..... ft.,	From ..... to ..... ft.	
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)		
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage			
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage			
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input checked="" type="checkbox"/> 14 Abandoned water well			
<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well			
Direction from well? .....	How many feet? .....				

FROM	TO	PLUGGING MATERIALS
<i>19'</i>	<i>7</i>	<i>Sand</i>
<i>7</i>	<i>3</i>	<i>Bentonite chips</i>
<i>3</i>	<i>0</i>	<i>Compacted clays</i>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>10/8/08</i> 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) .....
	by (signature) <i>Ronald E. Byars</i> under the business name of <i>Paul Marlene Bryant</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.