

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

County: Hamilton

Location listed as:

Location changed to:

Section-Township-Range: 16-23-41

16-23-41 W

Fraction (1/4 1/4 1/4): None Given

SE NE SE

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: 9/30/2009

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 ¼ ¼ ¼ | Section Number 16 | Township Number 23 | Range Number 41 | E/W |
| County: Hamilton | | | | | | |

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

| | | | |
|---|-------------------------------------|--|--|
| 2 | WATER WELL OWNER: Ken Keller | RR #, St. Address, Box #: City, State, ZIP Code | 47978 Board of Agriculture, Division of Water Resources Application Number: |
| | | P.O. Box 733 Syracuse KS. | |

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|---|--|--|---|---|--|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL 248 ft. | WELL'S STATIC WATER LEVEL 0 ft. | |
| | | WELL WAS USED AS: | | | |
| | | <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning | <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <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 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 type="checkbox"/> 2 PVC | | <input type="checkbox"/> 4 ABS | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 8 Concrete Tile | |
| Blank casing diameter 5 in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much | | | | | |
| Casing height above or <u>below</u> land surface 48 in. | | | | | |

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|---|--|--|---|---|--|
| 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 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 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? NE How many feet? 155 | | | | | |

| FROM | TO | PLUGGING MATERIALS |
|------------|------------|--------------------|
| 248 | 154 | Sand |
| 154 | 11 | Clay Dirt |
| 11 | 4 | Bentonite |
| | | |
| | | |
| | | |
| | | |

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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) 6/12/09 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) Ken Keller | | | | |
|---|---|--|--|--|--|

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.