

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

16-235-41 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: DRR 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	Section Number	Township Number	Range Number
	County: <u>Hamilton</u>	$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	<u>16</u>	<u>23</u>	<u>41</u> E/W

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

2	WATER WELL OWNER: <u>Ken Keller</u> <u>67878</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>P.O. Box 733 Syracuse Ks.</u>	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>278</u> ft.	
			WELL'S STATIC WATER LEVEL <u>260</u> ft.	
		WELL WAS USED AS:		
			<input checked="" type="checkbox"/> 1 Domestic 5 Public Water Supply 9 Dewatering <input type="checkbox"/> 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="checkbox"/> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No	

5	TYPE OF BLANK CASING USED:
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input checked="" type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much
	Casing height above or below land surface <u>48</u> in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 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 checked="" type="checkbox"/> 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines 7 Pit privy 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines 9 Feedyard 14 Abandoned water well <input type="checkbox"/> 5 Cess pool 10 Livestock pens 15 Oil well/Gas well
	Direction from well? <u>NE</u> How many feet? <u>150</u>

FROM	TO	PLUGGING MATERIALS
278	152	Sand
152	10	Clay Dirt
10	4	Bentonite

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6-17-09</u> 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) <u>Ken Keller</u>
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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.