

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

(to rectify lacking or incorrect information)

County: Reno

Location listed as:

Section-Township-Range: None Given

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

Location changed to:

15-23S-5W

SW NE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well owner's address, city street map, and mapping tool on KGS website.

initials: DRH date: 8/8/2008

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>Reno</u>		$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						E/W

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

2	WATER WELL OWNER: <u>Carolyn Eve</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>4505 Mainline Dr</u>		Application Number:
City, State, ZIP Code: <u>Hutchinson KS 67501</u>		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>30</u> ft.												
		WELL'S STATIC WATER LEVEL <u>4</u> ft.													
WELL WAS USED AS:															
<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation <u>no</u></td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <u>water garden + yard</u></td> </tr> </table>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation <u>no</u>	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other <u>water garden + yard</u>
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Was a chemical / bacteriological sample submitted to Department? Yes No <u>✓</u>															
If yes, mo/day/yr sample was submitted															
Water Well Disinfected: Yes No <u>✓</u>															

5	TYPE OF BLANK CASING USED:													
<table border="0"> <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 <u>5</u> in. Was casing pulled? Yes No <u>✓</u> If yes, how much														
Casing height above or below land surface <u>12</u> in.														

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other																				
Grout Plug Intervals: From <u>0</u> ft. to <u>30</u> ft., From <u>30</u> ft. to <u>TOP</u> ft., From to ft.																									
What is the nearest source of possible contamination:																									
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Direction from well? How many feet?																									

FROM	TO	PLUGGING MATERIALS
30	20	BENTONITE
20	0	FOUR CREAT

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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)	

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.