

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 2-24 S-2 W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NW NE NE

County: Harvey

Location changed to:

2-24 S-2 W

NE NE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, city street map, mapping tool
on KGS website, and original construction records
for these wells. initials: DRJ date: 8/25/2006

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>Harvey</u>	<u>NW NE 1/4 NE 1/4</u>	<u>2</u>		<u>24 S</u>		<u>2</u>	EW																											
Distance and direction from nearest town or city street address of well if located within city? <u>520 W 6th St - Halstead, KS</u>																																			
2	WATER WELL OWNER: <u>USD 440</u> <u>520 W 6th St</u> RR #, St. Address, Box #: <u>Halstead, KS 67056</u> City, State, ZIP Code : _____																																		
Board of Agriculture, Division of Water Resources Application Number: _____																																			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4	DEPTH OF WELL <u>28.02</u> ft. WELL'S STATIC WATER LEVEL <u>13.27</u> ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering ☒ 10 Monitoring Well 11 Injection Well 12 Other _____																															
Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <u>X</u> _____																																			
5	TYPE OF BLANK CASING USED: 1 Steel ☒ 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) _____																																		
Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>all</u> _____ Casing height above or below land surface <u>-2</u> in.																																			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 Other _____ Grout Plug Intervals: From <u>20</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: 1 Septic tank ☒ 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____																																		
Direction from well? <u>Due West</u> How many feet? <u>within 200</u>																																			
<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 style="text-align: center;">20</td> <td style="text-align: center;">0</td> <td><u>Bentonite</u></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> <tr><td> </td><td> </td><td> </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	20	0	<u>Bentonite</u>																					
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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) <u>6/7/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>665</u> This Water Well Record was completed on (mo/day/year) <u>6/10/05</u> under the business name of <u>Pratt Well Environmental</u> by (signature) <u>[Signature]</u>																																		
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.																																			