

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

(to rectify lacking or incorrect information)

County: Harvey

Location listed as:

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

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

Location changed to:

2-24-2 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: DRd 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: Harvey | $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$ NE | 2 | | 24S | | 2 | EW | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city street address of well if located within city? 520 W 6th St | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | WATER WELL OWNER: USD 440 RR #, St. Address, Box #: 520 W 6th Street City, State, ZIP Code : Halstead, KS 67056 Board of Agriculture, Division of Water Resources Application Number: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 | DEPTH OF WELL 24.55 ft. WELL'S STATIC WATER LEVEL 14.77 ft. WELL WAS USED AS: <table style="width:100%;"><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td><input checked="" type="radio"/> 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</td></tr></table> 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 <input checked="" type="checkbox"/> | | | | | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | <input checked="" type="radio"/> 10 Monitoring Well | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other | | | | | | | | | | | | |
| 1 Domestic | 5 Public Water Supply | 9 Dewatering | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Irrigation | 6 Oil Field Water Supply | <input checked="" type="radio"/> 10 Monitoring Well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Industrial | 8 Air Conditioning | 12 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; align-items: center;"><div style="flex: 1;"><table border="1" style="width:100%; text-align: center;"><tr><td colspan="2">N</td></tr><tr><td style="width:50%;"><div style="display: flex; justify-content: space-around;"><div style="width:40%;"><div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"><div style="position: absolute; top: 0; left: 0;">NW</div><div style="position: absolute; top: 50%; left: 0;">SW</div></div></div><div style="width:40%;"><div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"><div style="position: absolute; top: 0; left: 0;">NE</div><div style="position: absolute; top: 50%; left: 0;">SE</div></div></div></div><div style="position: absolute; right: 0; top: 0;">E</div></td><td style="flex: 1; text-align: center;">S</td></tr></table></div></div> | | | | | | | | | N | | <div style="display: flex; justify-content: space-around;"><div style="width:40%;"><div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"><div style="position: absolute; top: 0; left: 0;">NW</div><div style="position: absolute; top: 50%; left: 0;">SW</div></div></div><div style="width:40%;"><div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"><div style="position: absolute; top: 0; left: 0;">NE</div><div style="position: absolute; top: 50%; left: 0;">SE</div></div></div></div> <div style="position: absolute; right: 0; top: 0;">E</div> | S | | | | | | | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-around;"><div style="width:40%;"><div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"><div style="position: absolute; top: 0; left: 0;">NW</div><div style="position: absolute; top: 50%; left: 0;">SW</div></div></div><div style="width:40%;"><div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"><div style="position: absolute; top: 0; left: 0;">NE</div><div style="position: absolute; top: 50%; left: 0;">SE</div></div></div></div> <div style="position: absolute; right: 0; top: 0;">E</div> | S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | TYPE OF BLANK CASING USED: <table style="width:100%;"><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><input checked="" type="radio"/> 2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td>.....</td></tr></table> Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much all Casing height above or below land surface -2 in. | | | | | | | | 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) | <input checked="" type="radio"/> 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | | | | | | | | | | | | | | | |
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="radio"/> 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other Grout Plug Intervals: From 20 ft. to 0 ft., From ft. to ft., From to What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td>.....</td></tr><tr><td><input checked="" type="radio"/> 3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table> Direction from well? due west How many feet? within 200 ft | | | | | | | | 1 Septic tank | 6 Seepage pit | 11 Fuel storage | 16 Other (specify below) | 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | | <input checked="" type="radio"/> 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | | 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | | 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | | | | | |
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage | 16 Other (specify below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="radio"/> 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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>Bentonite</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 | Bentonite | | | | | | | | | | | | | | | | | | |
| FROM | TO | PLUGGING MATERIALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 0 | Bentonite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/07/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 6/20/05 under the business name of Pratt Well Environmental by (signature) <i>Turn Eyal</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |