

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

Location listed as:

Section-Township-Range: 18 - 24 S - 36 W

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

County: Finney
Location changed to:

18 - 24 S - 32 W

NE NW NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude listed on original construction record, wellsite address, city street map, and mapping tool on KGS website. initials: DR date: 2/16/2011

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.

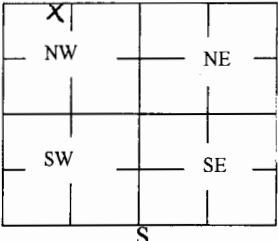
WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

No Tag

1 LOCATION OF WATER WELL:		Fraction County: Finney $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$		Section Number 18	Township Number T 24 S	Range Number 36 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/>			Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method:																																																			
2 WATER WELL OWNER:		Burtis Motor Co. RR#, St. Address, Box #: 601 W. Kansas City, State ZIP Code: Garden City, KS 67486		<input type="checkbox"/> GPS unit (Make/Model): _____ <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m. <input type="checkbox"/> 3-5 m. <input type="checkbox"/> 5-15 m. <input type="checkbox"/> > 15 m																																																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		N  E W S		4 DEPTH OF WELL 30 ft. WELL'S STATIC WATER LEVEL Dry ft WELL WAS USED AS:																																																		
				<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	<input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____																																																
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																						
5 TYPE OF BLANK CASING USED:																																																						
<input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS <input type="checkbox"/> Wrought <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile Other (Specify below) _____																																																						
Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 3' Casing height above or below land surface 0 in.																																																						
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Concrete																																																						
Grout Plug Intervals: From 0 ft. to 1 ft., From 1 ft. to 30 ft., From _____ to _____ ft.																																																						
What is the nearest source of possible contamination: <table border="0"> <tr> <td><input type="checkbox"/> Septic tank</td> <td><input type="checkbox"/> Seepage pit</td> <td><input type="checkbox"/> Fuel Storage</td> <td><input type="checkbox"/> Other (specify below) _____</td> </tr> <tr> <td><input type="checkbox"/> Sewer lines</td> <td><input type="checkbox"/> Pit privy</td> <td><input type="checkbox"/> Fertilizer storage</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Watertight sewer lines</td> <td><input type="checkbox"/> Sewage lagoon</td> <td><input type="checkbox"/> Insecticide storage</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Lateral lines</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Abandoned water well</td> <td>Direction from well? _____</td> </tr> <tr> <td><input type="checkbox"/> Cess pool</td> <td><input type="checkbox"/> Livestock pens</td> <td><input type="checkbox"/> Oil well/Gas well</td> <td>How many feet? _____</td> </tr> </table>							<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Other (specify below) _____	<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	_____	<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	_____	<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____	<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____																												
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/27/2010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/year) 1/4/2011 under the business name of GeoCore Inc. by (signature) _____																																																						
INSTRUCTIONS: Use typewriter or ballpoint 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html .																																																						
Check one: <input checked="" type="checkbox"/> White Copy <input type="checkbox"/> Blue Copy <input type="checkbox"/> Pink Copy																																																						