

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

Location listed as:

Section-Township-Range: 25-145-34 W

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

County: Finney

Location changed to:

25-245-34 W

N2 SW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, footages, well construction
& water rights information in this section, and mapping tool
on KGS website. initials: DR date: 11/4/2010

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.

23,622

1 LOCATION OF WATER WELL: County: FINNEY	Fraction $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 25	Township Number T 14 S	Range Number 34 ☐ E ☒ W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ **HOLCOMB BRIDGE- 3 MILES SOUTH, 3,795 Ft. North & 1,995 Ft. West**

Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)

Longitude: _____ (in decimal degrees)

Elevation: _____

Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

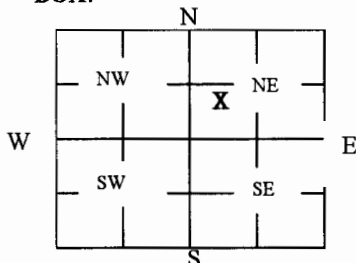
☐ GPS unit (Make/Model: _____)

☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: **FJL VENTURE GROUP**
RR#, St. Address, Box #: **PO BOX 1557**
City, State ZIP Code: **GRAND LAKE, CO 80447**

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 389 ft.

WELL'S STATIC WATER LEVEL 245 ft

WELL WAS USED AS:

- ☐ Domestic
☒ Irrigation
☐ Feedlot
☐ Industrial

- ☐ Public Water Supply
☐ Oil Field Water Supply
☐ Domestic (Lawn & Garden)
☐ Air Conditioning

- ☐ Dewatering
☐ Monitoring
☐ Injection Well
☐ Other _____

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒

5 TYPE OF BLANK CASING USED:

- ☒ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below)
☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

Blank casing diameter 16 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____

Casing height above or below land surface 36 in. **below**

6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other _____

Grout Plug Intervals: From 3 ft. to 245 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|--|
| ☐ Septic tank | ☐ Seepage pit | ☐ Fuel Storage | ☐ Other (specify below) |
| ☐ Sewer lines | ☐ Pit privy | ☐ Fertilizer storage | N/A |
| ☐ Watertight sewer lines | ☐ Sewage lagoon | ☐ Insecticide storage | |
| ☐ Lateral lines | ☐ Feedyard | ☐ Abandoned water well | Direction from well? _____ |
| ☐ Cess pool | ☐ Livestock pens | ☐ Oil well/Gas well | How many feet? _____ |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	TOP SOIL			
3	245	CEMENT GROUT			
245	389	CHLORINATED GRAVEL			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-28-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 208. This Water Well Record was completed on (mo/day/year) 10-1-10 under the business name of MINTER-WILSON DRILLING CO., INC. by (signature) Nora Keller

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: ☒ White Copy ☐ Blue Copy ☐ Pink Copy