

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

(to rectify lacking or incorrect information)

County: Edwards

Location listed as:

Section-Township-Range: 2-26-19

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): NONE GIVEN

Location changed to:

2-26S-19W

NW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: Edwards Co. map following driller's directions  
from Kinsley.

initials: E.P. date: 5/27/2004

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:	Edwards	1/4 1/4 Lot 3 1/4	2		T	26	S	R 19 E (w)

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

Approximately 6 1/4 miles south and 2 miles east of Kinsley

2	WATER WELL OWNER:	Turner Farms
RR#, St. Address, Box #	P.O. Box 460	Board of Agriculture, Division of Water Resources
City, State, ZIP Code	Great Bend, KS 67530	Application Number: 4,626

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 73 ft
		WELL'S STATIC WATER LEVEL 41 ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other	
		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 <input checked="" type="checkbox"/> No _____	

5	TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile	
Blank casing diameter 16 in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> Casing height above or below land surface 48 in. If yes, how much Cut off	

6	GROUT PLUG MATERIAL:	1 Neat Cement 2 Cement grout 3 Bentonite 4 Other
Grout Plug Intervals: From 45 ft. to 4 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft.		
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage None known 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well		
Direction from well? _____ How many feet? _____		

FROM	TO	PLUGGING MATERIALS
73	45	Chlorinated Sand
45	4	Concrete Grout
4	0	Compacted Soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-19-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 4-20-04 under the business name of Clarke Well & Equipment, Inc.
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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.