

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

(to rectify lacking or incorrect information)

County: Gray

Location changed to:

11 - 265 - 28W

SE NE NW

Location listed as:

Section-Township-Range: _____

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

Other changes: Initial statements: Grant County

Changed to: Gray County

Comments: _____

verification method: written & legal descriptions, city map on internet, position on plat map, and Cimarron 1:24,000 topo. map.

initials: DRd date: 6/28/2005

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>Grant</u>	<u>SE 1/4 NE 1/4 NW 1/4</u>	<u>11</u>	<u>26</u>	<u>28</u>																																											
Distance and direction from nearest town or city street address of well if located within city?																																																
<u>402 W Ave A</u>																																																
2	WATER WELL OWNER:	<u>Osborn 66</u>																																														
RR #, St. Address, Box #:		<u>402 W Ave A</u>																																														
City, State, ZIP Code :		<u>Cimarron, KS 67835</u>																																														
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td><td></td><td style="text-align: center;">N</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td style="text-align: center;">NE</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">W</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td style="text-align: center;">SW</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td style="text-align: center;">SE</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td style="text-align: center;">S</td></tr> </table>										N						NE						E	W											SW						SE						S
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4	DEPTH OF WELL	<u>40</u> ft.																																														
	WELL'S STATIC WATER LEVEL	<u>PR 4</u> ft.																																														
WELL WAS USED AS:																																																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;">1 Domestic</td> <td style="width: 33.33%;">5 Public Water Supply</td> <td style="width: 33.33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>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>						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																															
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Was a chemical / bacteriological sample submitted to Department? Yes <u>no</u> If yes, mo/day/yr sample was submitted																																																
Water Well Disinfected: Yes <u>no</u>																																																
5	TYPE OF BLANK CASING USED:																																															
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Blank casing diameter <u>7</u> in. Was casing pulled? Yes <u>no</u> No <u>no</u> If yes, how much																																																
Casing height above or below land surface <u>6</u> in.																																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																																															
Grout Plug Intervals: From <u>0</u> ft. to <u>5</u> ft., From <u>5</u> ft. to <u>23</u> ft., From to ft.																																																
What is the nearest source of possible contamination:																																																
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16 Other (specify below) <u>US 1</u>																																																
Direction from well? <u>SE</u> How many feet? <u>30</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>4/4/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>194</u> This Water Well Record was completed on (mo/day/year) <u>5/19/05</u> under the business name of <u>Carrence Great Platers</u> by (signature) <u>John S. S.</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.																																																