

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

(to rectify lacking or incorrect information)

County: Gray

Location listed as:

Location ~~changed to~~:

Section-Township-Range: \_\_\_\_\_

11-265-284Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  ): \_\_\_\_\_SE NE NWOther changes: Initial statements: Grant CountyChanged 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 &amp; 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>	<u>EW</u>

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

402 W Ave A

2	WATER WELL OWNER: <u>Osborn 66</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>402 W Ave A</u>	Application Number:
	City, State, ZIP Code: <u>Emerton, KS 67835</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>40</u> ft.
			WELL'S STATIC WATER LEVEL <u>PRY</u> ft.
			WELL WAS USED AS:
			1 Domestic      5 Public Water Supply      9 Dewatering 2 Irrigation    6 Oil Field Water Supply    10 <u>Monitoring Well</u> 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 <u>2</u> .....
			If yes, mo/day/yr sample was submitted .....
			Water Well Disinfected: Yes ..... No <u>✓</u> .....

5	TYPE OF BLANK CASING USED:
	1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below) 2 <u>BVC</u> 4 ABS            6 Asbestos-Cement    8 Concrete Tile
	Blank casing diameter <u>2</u> in.      Was casing pulled? Yes ..... No .....      If yes, how much .....
	Casing height above or below and surface <u>6</u> in.

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	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:				
	1 Septic tank      6 Seepage pit      11 Fuel storage 2 Sewer lines    7 Pit privy        12 Fertilizer storage 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			<u>16</u> Other (specify below) <u>U.S.I.</u>	
	Direction from well? <u>SE</u>	How many feet? <u>30</u>			

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>40</u>	<u>20-30 20 solid bentonite</u>
		<u>Slurry grout with top 5</u>
		<u>feet overdrilled after</u>
		<u>grouting</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4/14/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>594</u> This Water Well Record was completed on (mo/day/year) <u>5/19/05</u> under the business name of <u>Coranda Great Plains</u> by (signature) <u>[Signature]</u>
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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.