

County: Gray Fraction: NE Sec. 9 T. 26 S. R. 30 W

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

Owner: Eugene & R. John Nally DWR # 21750

If location corrected, was listed as:

Location changed to:

Section-Township-Range: not provided

Fraction (¼ calls): not provided

Other changes: Initial statements: County, well owner & well location info, & DWR permit # not provided for plugged irrigation well.

Changed to: Ival Eugene & Rudolph John Nally, 19602 Rd 1, Pierceville, KS 67818. Gray County.
8 mi SW then W of Ingalls on N Rd to 4 Rd, then 0.25 mi SW. DWR Permit Application #21750.

Comments: Well owner (Eugene) provided information.

Verification method: Confirmed with WIMAS, STR Finder, and Google Earth.

Initials: PKC Date: 2/17/2022

Submitted by: ☐ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
☒ Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

1	LOCATION OF WATER WELL:	Fraction 1/4 1/4 1/4	Section Number	Township Number	Range Number
County:					

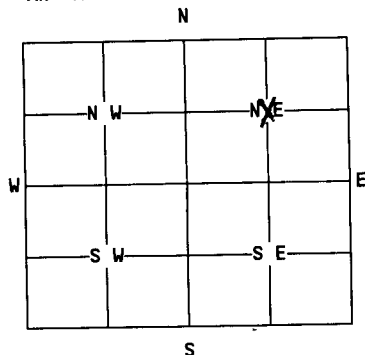
Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER:

RR#, St. Address, Box #:
City, State, ZIP Code :

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF WELL.....200.....ft.

WELL'S STATIC WATER LEVEL.....176.....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 Lawn and Garden Only | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning | 12 Other..... |

Was a chemical/bacteriological sample submitted to Department? Yes....No....
If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes. ☒ 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...X... If yes, how much.....
Casing height above or below land surface.....72.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From...9...ft. to...6...ft., From.....ft. to.....ft., From..... 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 | |
| 4 Lateral lines | 9 Feedyard | 14 Banned herbicide | |
| 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well | |

Direction from well? ...NE.....

How many feet? ...1320.....

FROM	TO	PLUGGING MATERIALS
200	170	sand & gravel
170	9	sandy loam soil
9	6	cement grout

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..2/13/08..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) ..2/14/08..... under the business name of
by (signature) ..Elizabeth Kelly.....

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.