

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

(to rectify lacking or incorrect information)

County: Reno

**Location listed as:**

Section-Township-Range: 20 - T26S

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  ): None Given

**Location changed to:**

20 - 26 S - 7 W

SW SW SE

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

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

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

verification method: Written & legal descriptions, well owner's address,  
position on plat map, and mapping tool & aerial photos  
on KGS website. initials: DRK date: 11/8/2006

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 |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | County: <u>Reno</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | <u>20</u>      | <u>T26 S</u>    | E/W          |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>4 1/2 Mile west 1 Mile south of Pretty Prairie Ks (city or town)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WATER WELL OWNER: <u>Mike and Criss Krehbiel</u><br><u>12118 West Boundary Rd</u><br>RR #, St. Address, Box #: _____<br>City, State, ZIP Code: <u>Pretty Prairie Ks 67570</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Board of Agriculture, Division of Water Resources<br>Application Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> N<br/> <table border="1" style="border-collapse: collapse; width: 150px; height: 150px;"> <tr><td style="width: 50px; height: 50px;">NW</td><td style="width: 50px; height: 50px;">NE</td></tr> <tr><td style="width: 50px; height: 50px;">SW</td><td style="width: 50px; height: 50px;">SE</td></tr> </table> W                      E<br/> S </div> <div> </div> </div>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                 |              | NW   | NE | SW                 | SE             |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DEPTH OF WELL ..... <u>20'</u> ..... ft.<br>WELL'S STATIC WATER LEVEL ..... <u>16'</u> ..... ft.<br>WELL WAS USED AS:<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> 1 Domestic<br/> <input type="checkbox"/> 2 Irrigation<br/> <input type="checkbox"/> 3 Feedlot<br/> <input type="checkbox"/> 4 Industrial </div> <div> <input type="checkbox"/> 5 Public Water Supply<br/> <input type="checkbox"/> 6 Oil Field Water Supply<br/> <input type="checkbox"/> 7 Domestic (Lawn &amp; Garden)<br/> <input type="checkbox"/> 8 Air Conditioning </div> <div> <input type="checkbox"/> 9 Dewatering<br/> <input type="checkbox"/> 10 Monitoring Well<br/> <input type="checkbox"/> 11 Injection Well<br/> <input type="checkbox"/> 12 Other ..... </div> </div> Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....<br>If yes, mo/day/yr sample was submitted .....<br>Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> ..... |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (Specify below)<br><input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter ..... <u>4</u> in.    Was casing pulled?    Yes ..... No <input checked="" type="checkbox"/> ..... If yes, how much .....<br>Casing height above or below land surface ..... <u>level</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GROUT PLUG MATERIAL: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other <u>gravel</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Plug Intervals:    From ..... ft.    to ..... ft.,    From ..... ft.    to ..... ft.,    From ..... ft.    to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 16 Other (specify below)<br><input checked="" type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage<br><input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage<br><input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 14 Abandoned water well<br><input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/Gas well |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Direction from well? <u>South</u> How many feet? <u>15'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><del>20'</del></td> <td><del>3'</del></td> <td><del>Gravel</del></td> </tr> <tr> <td>20'</td> <td>3'</td> <td>Gravel</td> </tr> <tr> <td>3'</td> <td>0</td> <td>Cement</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                 |              | FROM | TO | PLUGGING MATERIALS | <del>20'</del> | <del>3'</del> | <del>Gravel</del> | 20' | 3' | Gravel | 3' | 0 | Cement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PLUGGING MATERIALS                        |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <del>20'</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>3'</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <del>Gravel</del>                         |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Gravel                                    |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cement                                    |                |                 |              |      |    |                    |                |               |                   |     |    |        |    |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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>10-6-06</u> 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) _____ under the business name of _____<br>by (signature) <u>Mike Krehbiel</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.