

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

Plugging Record

LOCATION OF WATER WELL: County: <u>KIOWA</u>	Fraction <u>1/4 NW 1/4 NE 1/4 NW 1/4</u>	Section <u>13</u>	Township T <u>27</u> S	Range R <u>20</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Owner: THEDA ROSE TRUST

Location was listed as:
 Sec. _____ T _____ S R 22 E W
 Fraction: _____

Location changed to:
 Sec. _____ T _____ S R 20 E W
 Fraction: _____

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: County Checker, Location description reported on WWC5, Location of well on constructed WWC5.

initials: DLS date: 04/17/2014

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.

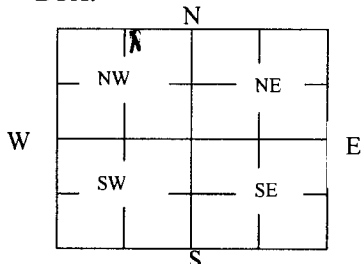
WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

20130966

1 LOCATION OF WATER WELL: County: <u>Kiowa</u>	Fraction <u>¼ NW ¼ NE ¼ NW ¼</u>	Section Number <u>13</u>	Township Number <u>T 27 S</u>	Range Number <u>22</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <u>6N, 1/2E, 1N of Mullinville, KS</u>	Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
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2 WATER WELL OWNER: Theda Rose Trust RR#, St. Address, Box #: <u>402 Eastland</u> City, State ZIP Code: <u>Pratt, KS 67124</u>	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>100</u> ft. WELL'S STATIC WATER LEVEL <u>50</u> ft. WELL WAS USED AS: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Monitoring <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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5 TYPE OF BLANK CASING USED:

Steel PVC RMP (SR) ABS Wrought Asbestos-Cement Fiberglass Concrete Tile Other (Specify below) _____

Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much _____
Casing height above or below land surface 3 ft. below in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 3 ft. to 50 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Sewer lines Watertight sewer lines Lateral lines Cess pool
 Seepage pit Pit privy Sewage lagoon Feedyard Livestock pens
 Fuel Storage Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well Other (specify below) _____

Direction from well? West
How many feet? 118

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
100	50	gravel			
50	3	bentonite			Theda Rose A1-13
3	0	top soil			
					Sterling Drilling Company
					P O Box 1006
					Pratt, Ks 67530

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 01/17/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/year) 01/27/14 under the business name of Kelly's Water Well Service, Inc. by (signature) Kathryn L Hood

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.