

County: Gray Fraction SW SW SE NW Sec. 22 T 27 S R 30 EW

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

Owner: Hamilton Bros.

Location was listed as:

Location changed to:

Section-Township-Range: 22 - 27-28S-30W

22 - 27 S- 30W

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

SW SW SE NW

Other changes: Initial statements: Latitude: 37.686357, Longitude: 100.593244

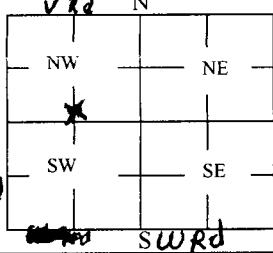
Changed to: Latitude: 37.686257, Longitude: -100.592344

Comments:

Verification method: Written & legal descriptions, area road map, and  
latitude & longitude (corrected) & KGS' "LEO" conversion tool,  
& mapping tool & aerial photos on KGS website, initials: ORA date: 11/23/2016

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 660473726  
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. \_\_\_\_\_

1 LOCATION OF WATER WELL: Fraction County: <u>Gray</u>		1/4    1/4    1/4    1/4	Section Number <u>22</u>	Township Number <u>27T 26S</u>	Range Number <u>R30</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																						
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"/>		<b>Global Positioning Systems (GPS) information:</b> Latitude: <u>37.686357</u> (in decimal degrees) Longitude: <u>100.593249</u> (in decimal degrees) Elevation: Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input checked="" type="checkbox"/> NAD27 Collection Method:																																																									
11 Rd + 4 Rd intersect 1/2 min. no. 1/4 East		<input type="checkbox"/> GPS unit (Make/Model: _____) <input checked="" 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 checked="" type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																																									
2 WATER WELL OWNER: <u>Hamilton Bros.</u> RR#, St. Address, Box #: <u>Po Box 149</u> City, State ZIP Code: <u>Ensign, KS 662841</u>																																																											
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  		4 DEPTH OF WELL <u>300</u> ft. WELL'S STATIC WATER LEVEL <u>260</u> ft WELL WAS USED AS:																																																									
		<input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	<input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____																																																							
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																											
5 TYPE OF BLANK CASING USED:																																																											
<input checked="" type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Wrought <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Other (Specify below) _____																																																											
Blank casing diameter <u>15</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or <u>below</u> land surface <u>60</u> in.																																																											
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>Fill Sand</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 type="checkbox"/> Septic tank <input type="checkbox"/> Seepage pit <input type="checkbox"/> Fuel storage <input checked="" type="checkbox"/> Other (specify below) <u>new well</u> <input type="checkbox"/> Sewer lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Lateral lines <input type="checkbox"/> Feedyard <input type="checkbox"/> Abandoned water well    Direction from well? <u>west</u> <input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well    How many feet? <u>100</u>																																																											
<table border="1"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>300</u></td> <td><u>280</u></td> <td><u>Fill Sand</u></td> <td><u>280</u></td> <td><u>Top</u></td> <td><u>Bentonite</u></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	<u>300</u>	<u>280</u>	<u>Fill Sand</u>	<u>280</u>	<u>Top</u>	<u>Bentonite</u>																																										
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3-2-16</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u></u> . This Water Well Record was completed on (mo/day/year) <u>3-2-16</u> under the business name of <u>Hamilton Bros Partnership</u> by (signature) <u>Terry L Hamilton partner</u>																																																											
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> Telephone 785-296-5524.																																																											