

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: _____

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____County: HarveyLocation ~~changed to~~:16-22 S-1 WSE SW NEOther changes: Initial statements: Shawnee CountyChanged to: Harvey County

Comments: _____

verification method: Written & legal descriptions, area street map,
other KDHE monitoring wells at this location, and mapping
tool on KGS website. initials: DR date: 11/16/2011

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

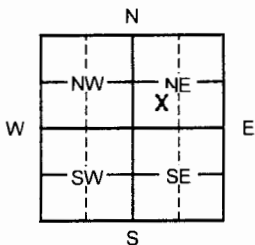
ID NO.

| | | | | |
|--|-----------------------------------|-----------------------------|-------------------------------|---------------------------|
| 1 LOCATION OF WATER WELL: County: Shawnee | Fraction SE ¼ SW ¼ NE ¼ | Section Number 16 | Township Number 22S | Range Number 1W |
|--|-----------------------------------|-----------------------------|-------------------------------|---------------------------|

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

205 W Hwy 81, Hesston, KS

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|--|--|
| 2 WATER WELL OWNER: KDHE-BER RR#, St. Address, Box #: 1000 SW Jackson City, State, ZIP Code: Topeka, KS 66612 | Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>NA</u> Longitude: <u>NA</u> Elevation: <u>NA</u> Datum: <u>NA</u> Data Collection Method: <u>NA</u> |
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| | | | | | | | | | | | | | |
|---|--|-------------------|-----------------------|--------------|--------------|--------------------------|---------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|
| 3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:  | 4 DEPTH OF WELL <u>11.10</u> ft. EW2 WELL'S STATIC WATER LEVEL <u>NA</u> ft. WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes ___ No <u>X</u> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
| 1 Domestic | 5 Public Water Supply | 9 Dewatering | | | | | | | | | | | |
| 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring | | | | | | | | | | | |
| 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | | | | | | | | | | | |
| 4 Industrial | 8 Air Conditioning | 12 Other _____ | | | | | | | | | | | |

| | | | | |
|-------------------------------------|------------|-------------------|-----------------|-------------------------|
| 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 2 in. Was casing pulled? Yes X No ___ If yes, how much 1ft
Casing height above or below land surface NA in.

| | | | | |
|---|-------------------|-------------------------|--------------------------|--|
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-0.3ft | | | | |
| Grout Plug Intervals: From <u>0.3</u> ft. to <u>11.10</u> ft., From _____ ft. to _____ ft., From _____ ft. 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 Abandoned water well | Direction from well? | |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | How many feet? | |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-------|--------------------|------|----|--------------------|
| 0 | 0.3 | Soil | | | |
| 0.3 | 11.10 | Bentonite | | | |
| | | | | | |
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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>6/30/11</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>7/15/11</u> under the business name of <u>Larsen and Associates, Inc.</u> by (signature) _____ |
|---|

INSTRUCTIONS: Please fill in blanks 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. Visit us at <http://www.kdheks.gov/waterwell>.