

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

County: Rawlins

Location listed as:

Section-Township-Range: 14-2-32

Fraction (¼ ¼ ¼): None Given

Location changed to:

14-2-5-32 W

NE SW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: legal description, water rights information in WIMS database, and mapping tool on KGS website.

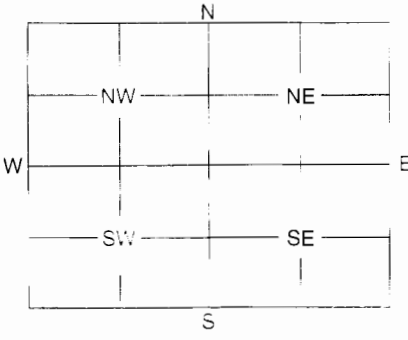
initials: WRK date: 4/26/2011

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.

LOCATION OF WATER WELL: County: <u>Rawlins</u>	Fraction 14 2 1/4 <u>3 1/4</u>	Section <u>14</u>	Number <u>20</u>	Township <u>2</u>	Number <u>2</u>	Range <u>32</u>	Number <u>2</u>	E/W
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Distance and direction from nearest town or city street address of well if located within city?
8 miles W 3/4 S of Hamilton

2 WATER WELL OWNER: Tom Basgall
 RR #, St. Address, Box #: 5254 Scatter Rd
 City, State, ZIP Code: Hamilton KS 67239
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>40</u> ft. WELL'S STATIC WATER LEVEL <u>25</u> ft. WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic <input checked="" type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other Was a chemical / bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <input checked="" type="checkbox"/>
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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 14 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From _____ ft. to _____ 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) Acres
 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
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well
 Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>8</u>	<u>Top Soil</u>
<u>8</u>	<u>12</u>	<u>Grout</u>
<u>12</u>	<u>40</u>	<u>Sand</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-5-11 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 _____ by (signature) Tom Basgall

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.