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

(to rectify lacking or incorrec	t information) County:	_Sumner
Location listed as:	Location changed to:	
Section-Township-Range:		3-31-3W
Fraction (¼ ¼ ¼):		SE SW SW
Other changes: Initial statements: USE USE USE	ted as monito	oring well
depth was to	5.7	
Changed to: Well Was a domestic Well		
90' deep		
Comments:		
verification method: <u>call to driller</u>		-
	- T	
	initials:	4 date: 1/13/06

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 Numl	ber Range Number	
County: Summer	SE45W45W4	ゴ	315	3 W	
Distance and discaling from request town or site street address of well if leasted within site?					
1 ml. S. of Compay Springs, KS on Hwy 49 to Co. Rd. E. to 1st House 1. into					
2 WATER WELLOWNER: EI Paso	Corp				
RR #, St. Address, Box #: 2 N. Nevada Board of Agriculture, Division of Water Resources City, State, ZIP Code : Colovado Sprivas, CO 80903 Application Number: N 14					
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL WELL'S STATIC WATER		·		
N	WELL'S STATIC WATER	R LEVEL ft.			
	WELL WAS USED AS:				
N W N E	1 Domestic	5 Public Water Suppl	•	ewatering	
	2 Irrigation 3 Feedlot	6 Oil Field Water Sup 7 Domestic (Lawn &		onitoring Well	
W E	4 Industrial	8 Air Conditioning	•	ther	
S W S E	Was a chemical / bacter	iological sample submitted	I to Department?Ye	es	
	If yes, mo/day/yr samp	le was submitted			
X	Water Well Disinfected:	Yes No			
<u> </u>					
5 TYPE OF BLANK CASING USED:					
	ought 7 Fiberg bestos-Cement 8 Concre		below)		
Blank casing diameterin.	Was casing pulled?	dout X No		ow much 90'	
Casing height above or below land surface					
6 GROUT PLUG MATERIAL: 1 No	at cement 2 Cement gro		ther		
Grout Plug Intervals: From (1) 3 ft. to					
What is the nearest source of possible contamination:					
1 Septic tank	6 Seepage pit 7 Pit privy	11 Fuel storage		r (specify below)	
Sewer lines 3 Watertight sewer lines	8 Sewage lagoon	12 Fertilizer storage13 Insecticide stora		•••••••••••••••••••••••••••••••••••••••	
4 Lateral lines 5 Cess Pool	9 Feedyard 10 Livestock pens	14 Abandoned wate 15 Oil well/Gas well			
Direction from well? Sout					
Direction from well? South How many feet? 400					
FROM TO PLUG	GGING MATERIALS				
0 1 50:1	1				
1 3 Bent	onite				
3 90 Cem					
0	200				
					
7 CONTRACTOR'S OR LANDOWNE	R'S CERTIFICATION: Th	is water well was plugge	d under my jurisd	iction and was completed	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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 the first of the business name of the first of the f					
by (signature)					

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.