

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

County: Seward

Location listed as:

Section-Township-Range: 25-34-33

Fraction (1/4 1/4 1/4): NW

Location changed to:

25-34S-33W

NE NE NW

Other changes: Initial statements: No county given.

Changed to: Seward County

Comments: _____

verification method: Written & legal descriptions, position on plat map,
and mapping tool & aerial photos on KGS website.

initials: DRL date: 7/17/2012

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.

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|---------------|---|--------------------------------|------------------------------------|------------------------------|---------------------------|-------------------|
| 1 | LOCATION OF WATER WELL: <i>NW 1/4 25-34-33</i> | Fraction <i>1/4 1/4 1/4</i> | Section Number <i>NW 1/4 25</i> | Township Number <i>34</i> | Range Number <i>33</i> | E/W <i>E/W</i> |
| County: _____ | | | | | | |

Distance and direction from nearest town or city street address of well if located within city?
3 Mile East of 54-83 Intersection to 1/2 mile E on Tucker Road turn RT on 2 track road & you are there!

| | | |
|---|---|---|
| 2 | WATER WELL OWNER: <i>R. Gary Warden</i> | Board of Agriculture, Division of Water Resources |
| RR #, St. Address, Box #: <i>12788 Road 2 (Seward Co)</i> | | Application Number: <i>To old to have on</i> |
| City, State, ZIP Code: <i>Liberal, KS 67901</i> | | |

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| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: |
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| 4 | DEPTH OF WELL <i>approx. 190</i> ft. drilled in <i>18??</i> |
| WELL'S STATIC WATER LEVEL <i>0 - None</i> ft. | |
| WELL WAS USED AS: | |
| <input checked="" type="checkbox"/> 1 Domestic 5 Public Water Supply 9 Dewatering <input type="checkbox"/> 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="checkbox"/> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="checkbox"/> 4 Industrial 8 Air Conditioning 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: |
| <input checked="" type="checkbox"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input checked="" type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | |
| Blank casing diameter <i>5</i> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much | |
| Casing height above or below land surface <i>approx 4'</i> in. | |

| | | |
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| 6 | GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> 3 Bentonite | 4 Other |
| Grout Plug Intervals: From <i>bottom</i> ft. to <i>Bentonite</i> ft., From <i>Pea</i> ft. to <i>Gravel</i> ft., From <i>approx 4' from</i> ft. to <i>top cement top</i> ft. | | |
| What is the nearest source of possible contamination: <i>None</i> | | |
| <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 10 Livestock pens <input checked="" type="checkbox"/> 15 Oil well/Gas well | | |
| Direction from well? How many feet? | | |

| FROM | TO | PLUGGING MATERIALS |
|------|----|---|
| | | <i>Top of Bentonite Pea Gravel to approx 4'</i> |
| | | <i>of top the cement, Cap to 4'</i> |
| | | <i>Area Soil on top</i> |
| | | |
| | | |
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| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>5/4/12</i> 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) _____ |
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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.