

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

(to rectify lacking or incorrect information)

County: Meade

Location listed as:

Section-Township-Range: 6-33-27

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): SE

Location changed to:

6-33S-27W

NE NE SE

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: Legal description, well owner's address, and  
mapping application & aerial photos on KGS website,  
and position on plat map. initials: ORL date: 11/7/2005

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: County: <u>Meade</u>	Fraction <u>NE 1/4</u> 1/4 1/4	Section Number <u>6</u>	Township Number <u>33</u>	Range Number <u>27</u>																												
Distance and direction from nearest town or city street address of well if located within city?																																
2 WATER WELL OWNER: RR#, St. Address, Box #: <u>Ralph Classen</u> City, State, ZIP Code : <u>1910 N. 1st St. Meade KS 67564</u> Board of Agriculture, Division of Water Resources Application Number:																																
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height:100px; text-align: center; border-collapse: collapse;"><tr><td colspan="2">N W</td><td colspan="2">N E</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">S W</td><td colspan="2">S E</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> S		N W		N E						S W		S E						4 DEPTH OF WELL..... <u>114</u> .....ft. WELL'S STATIC WATER LEVEL..... <u>86</u> .....ft. WELL WAS USED AS: <table style="width:100%;"><tr><td><input checked="" type="checkbox"/> 1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td><input type="checkbox"/> 2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr><tr><td><input type="checkbox"/> 3 Feedlot</td><td>7 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td><input type="checkbox"/> 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> .. If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes.. <u>X</u> .. No.....			<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 Lawn and Garden Only	11 Injection Well	<input type="checkbox"/> 4 Industrial	8 Air Conditioning	12 Other.....
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td><input checked="" type="radio"/> 1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td><input type="radio"/> 2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter... <u>5</u> .....in. Was casing pulled? Yes..... No <u>X</u> .. If yes, how much..... Casing height above or below land surface..... <u>0</u> .....in.					<input checked="" type="radio"/> 1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<input type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																			
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6 GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> Cement grout 3 Bentonite 4 Other..... Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table> Direction from well? ..... How many feet? .....					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		5 Cess Pool	10 Livestock pens	15 Oil well/Gas well									
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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>5-27-25</u> ..... 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) ..... by (signature) ..... <u>Ralph Classen</u> ..... under the business name of .....																																
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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.																																