

County: Thomas Fraction: SE SE NE Sec. 4 T. 8 S R. 33 W

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

Owner: City of Colby MW 3

If location corrected, was listed as:

Section-Township-Range: 4 - 33S - 31W

Fraction (1/4 calls): _____

Location changed to:

4 - 8 - 33W

Other changes: Initial statements: _____

Changed to: _____

Comments: The county checker placed the previous Section-Township-Range in Seward County.

This is a plugging record for a constructed record at the Thomas County Landfill.

Verification method: Compared with the construction record 88569 in database. They have the same owner and completed depth. Used WCC5 mapper to verify landfill near location.

Initials: SW Date: 08-15-2019

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
 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: Thomas	Fraction ¼ SE ¼ SE ¼ NE ¼	Section Number 4	Township Number T 33 S	Range Number 31 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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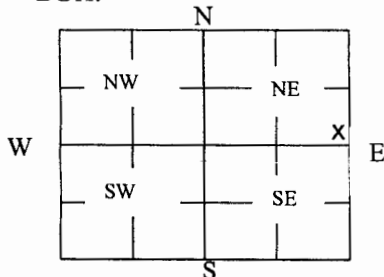
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here Thomas County Landfill
1860 County Rd 22, east of Colby

Global Positioning Systems (GPS) information:
 Latitude: 39.87058 (in decimal degrees)
 Longitude: 100.999024 (in decimal degrees)
 Elevation: 3181
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method:

2 WATER WELL OWNER: City of Colby
 RR#, St. Address, Box #: 585 N Franklin
 City, State ZIP Code: Colby, KS 67701

GPS unit (Make/Model): _____
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 200 ft.

WELL'S STATIC WATER LEVEL 194.22 ft

WELL WAS USED AS:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input checked="" type="checkbox"/> Monitoring MW-3 |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ |

Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

- Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 4 in. Was casing pulled? Yes No If yes, how much 3'
 Casing height above or below land surface -36 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 3 ft. to 200 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel storage | <input checked="" type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | Landfill |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? NNW |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? 50 |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Native Soil			
3	200	Bentonite Grout			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/16/19 _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 881. This Water Well Record was completed on (mo/day/year) 6/14/19 _____ under the business name of Woofter Pump and Well _____ by (signature) *[Signature]*

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.