

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

(to rectify lacking or incorrect information)

County: Smith

Location listed as:

Location changed to:

Section-Township-Range: 22-35-13W

22-35-13W

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  ): NE NW NE

NE NW NE

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

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

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

verification method: Written & legal descriptions, position on plat map,  
and Smith Center 1:24,000 topo. map.

initials: DRS date: 1/27/2005

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: <b>Smith</b> County:	Fraction NE $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number <b>22</b>	Township Number <b>35</b>	Range Number <b>13</b>
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Distance and direction from nearest town or city street address of well if located within city?

NE Edge of Smith Center on East Hwy 36

2 WATER WELL OWNER: Country General Store (Wheelers)

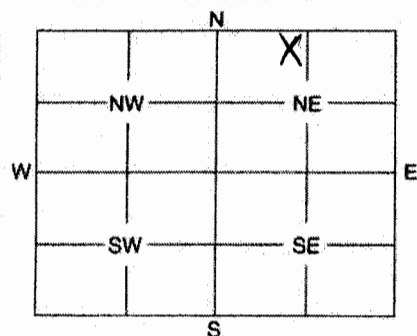
RR #, St. Address, Box #: P.O. Box 328

City, State, ZIP Code : Smith Center, Ks 66967

Board of Agriculture, Division of Water Resources

Application Number:

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



4 DEPTH OF WELL .....16..... ft.

WELL'S STATIC WATER LEVEL ..15.11... ft.

WELL WAS USED AS:

1 Domestic

2 Irrigation

3 Feedlot

4 Industrial

5 Public Water Supply

6 Oil Field Water Supply

7 Domestic (Lawn &amp; Garden)

8 Air Conditioning

9 Dewatering

10 Monitoring Well

11 Injection Well

12 Other .....

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

If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes ..... No .....X.....

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 .....2..... in. Was casing pulled? Yes .....X..... No ..... If yes, how much .....16'.....

Casing height above or below land surface ..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ..... Surface silts and clays.....

Grout Plug Intervals: From .....16'..... ft. to .....3..... ft., From .....3..... ft. to .....0..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank

2 Sewer lines

3 Watertight sewer lines

4 Lateral lines

5 Cess pool

6 Seepage pit

7 Pit privy

8 Sewage lagoon

9 Feedyard

10 Livestock pens

11 Fuel storage

12 Fertilizer storage

13 Insecticide storage

14 Abandoned water well

15 Oil well/Gas well

16 Other (specify below)

Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
0	3	Surface Silt and Clays
16	3	Bentonite

RECEIVED

NOV 08 2004

BUREAU OF WATER

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) .....08/24/05..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....585..... This Water Well Record was completed on (mo/day/year) .....10/27/04..... under the business name of .....Associated Environmental, Inc. .... by (signature) .....Darin Duncan.....

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.