

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

(to rectify lacking or incorrect information)

County: Smith

Location listed as:

Section-Township-Range: 22-35-13WFraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): NE NW NE

Location changed to:

22-35-13WNE 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 &amp; Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1	LOCATION OF WATER WELL: <b>Smith</b>	Fraction <b>NE <math>\frac{1}{4}</math> NW <math>\frac{1}{4}</math> NE <math>\frac{1}{4}</math></b>	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	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code : Smith Center, Ks 66967	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL .....17..... ft. WELL'S STATIC WATER LEVEL ..15.48... ft. WELL WAS USED AS:  <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other .....
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4 Industrial	8 Air Conditioning	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:											
	<table border="0"> <tr> <td>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>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile		
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	Blank casing diameter <u>2</u> in.	Was casing pulled? Yes <u>X</u> No .....										
	Casing height above or below land surface .....	If yes, how much <u>3</u> ft.										

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ..... Surface silts and clays.....																
	Grout Plug Intervals: From <u>3</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>0</u> ft., From ..... to ..... ft.																
	What is the nearest source of possible contamination:																
	<table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> </tr> </table>	1 Septic tank	6 Seepage pit	11 Fuel storage	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	16 Other (specify below) .....
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	Direction from well? .....	How many feet? .....															

FROM	TO	PLUGGING MATERIALS
0	3	Surface Silt and Clays
17	3	Bentonite

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

RECEIVED

NOV 08 2004

BUREAU OF WATER