

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

(to rectify lacking or incorrect information)

County: Norton

Location listed as:

Section-Township-Range: 27-5-25

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): None Given

Location changed to:

27-5S-25W

C NE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Legal description, well owner's address, city street map, and mapping tool on KGS website.

initials: DR date: 1/7/2011

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.

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: <u>Norton</u>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>27</u>	Township Number <u>5</u>	Range Number <u>25</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: <u>Marion Otter</u> RR#, St. Address, Box #: <u>3914 Saint Francis St.</u> City, State ZIP Code: <u>New Almer KS 67645</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> N <table border="1" style="margin: auto;"> <tr> <td>W</td> <td>NW</td> <td>NE</td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>SW</td> <td>SE</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>S</td> <td></td> <td></td> </tr> </table> </div>	W	NW	NE	E						SW	SE							S			4 DEPTH OF WELL <u>60</u> ft. WELL'S STATIC WATER LEVEL <u>43</u> ft. WELL WAS USED AS: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="radio"/> 1 Domestic <input type="radio"/> 2 Irrigation <input type="radio"/> 3 Feedlot <input type="radio"/> 4 Industrial </div> <div style="width: 33%;"> <input type="radio"/> 5 Public Water Supply <input type="radio"/> 6 Oil Field Water Supply <input type="radio"/> 7 Domestic (Lawn & Garden) <input type="radio"/> 8 Air Conditioning </div> <div style="width: 33%;"> <input type="radio"/> 9 Dewatering <input type="radio"/> 10 Monitoring <input type="radio"/> 11 Injection Well <input type="radio"/> 12 Other _____ </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>
W	NW	NE	E																		
	SW	SE																			
	S																				

5 TYPE OF BLANK CASING USED: <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 _____
Blank casing diameter <u>5 1/2</u> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>38</u> in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other _____
Grout Plug Intervals: From <u>3</u> ft. to <u>6</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.
What is the nearest source of possible contamination: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="radio"/> 1 Septic tank <input type="radio"/> 2 Sewer lines <input type="radio"/> 3 Watertight sewer lines <input checked="" type="radio"/> 4 Lateral lines <input type="radio"/> 5 Cess pool </div> <div style="width: 33%;"> <input type="radio"/> 6 Seepage pit <input type="radio"/> 7 Pit privy <input type="radio"/> 8 Sewage lagoon <input type="radio"/> 9 Feedyard <input type="radio"/> 10 Livestock pens </div> <div style="width: 33%;"> <input type="radio"/> 11 Fuel Storage <input type="radio"/> 12 Fertilizer storage <input type="radio"/> 13 Insecticide storage <input type="radio"/> 14 Abandoned water well <input type="radio"/> 15 Oil well/Gas well </div> <div style="width: 33%;"> <input type="radio"/> 16 Other (specify below) _____ Direction from well? <u>W</u> How many feet? <u>60</u> </div> </div>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	38"	Top soil			
38"	76"	Bentonite			
76"	42'	dirt			
42'	60	Sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-10-11 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) 3-11-11 under the business name of _____ by (signature) Marion Otter

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at <http://www.kdheks.gov/geo/waterwells>.