

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

(to rectify lacking or incorrect information)

County: Cloud

Location listed as:

Location changed to:

Section-Township-Range: 30-6-1

30-6S-1W

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

SE SE NW

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

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

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

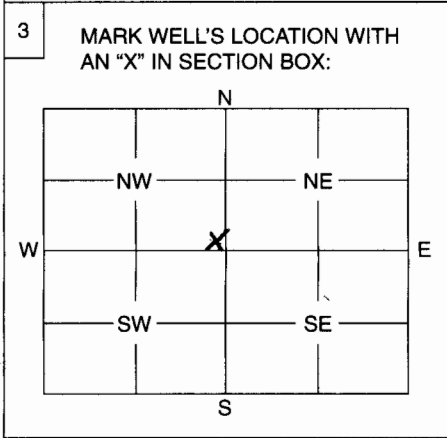
verification method: Legal description, other water well record for same owner in same section, position on plat map, and aerial photos on KGS website initials: ORL date: 9/16/2005

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:	Fraction ¼    ¼    ¼	Section <b>30</b>	Number	Township <b>6</b>	Number	Range <b>1</b>	Number E/W
---------------------------	-------------------------	----------------------	--------	----------------------	--------	-------------------	---------------

County: **Cloud**  
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Jeff Buckley**  
 RR #, St. Address, Box #: **2450 Noble Rd.**  
 City, State, ZIP Code : **Concordia, Ks 66901**  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL ..... **42** ..... ft.  
 WELL'S STATIC WATER LEVEL ..... **37** ..... ft.  
 WELL WAS USED AS:  
 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 .....

Was a chemical / bacteriological sample submitted to Department? Yes ..... No  .....  
 If yes, mo/day/yr sample was submitted .....

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

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 ..... in.    Was casing pulled? Yes ..... No .....    If yes, how much .....

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

6 GROUT PLUG MATERIAL:    1 Neat cement    2 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:  
 1 Septic tank    6 Seepage pit    11 Fuel storage    16 Other (specify below)  
 2 Sewer lines    7 Pit privy    12 Fertilizer storage .....

Direction from well? ..... **NW** .....    How many feet? ..... **100** .....

FROM	TO	PLUGGING MATERIALS
42'	37'	sand
37'	4.5'	Subsoil
4.5'	4'	bentonite
4'	0	Topsoil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **8/19/05** ..... 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) ..... under the business name of ..... by (signature) **Jeff Buckley** .....

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.