

County: Osborne Fraction: NE, SE, SW, SW Sec. 30 T. 6 S R. 14 W

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

Owner: Phyllis Arnold

If location corrected, was listed as:	Location changed to:
Section-Township-Range: _____	_____
Fraction (¼ calls): <u>none reported</u>	<u>NE, SE, SW, SW</u>

Other changes: Initial statements: _____

Changed to: _____

Comments: outdated Plugging record (WWC-5P) for old hand-dug well formerly used for feedlot.
Well and livestock tank W of small pond and NE of house at 506 S. 240th Ave, Alton, KS.

Verification method: Confirmed well location with well owner on Google Earth air photo dated 2012.

Lat. 39.496308 degrees and Long. -98.929584 degrees (Horizontal datum WGS 84)

Initials: PKC Date: 1/4/2018

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

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Osborne</u>	<u>1/4 1/4 1/4</u>	<u>30</u>	<u>6</u>	<u>14</u>

Distance and direction from nearest town or city street address of well if located within city?
North

2 WATER WELL OWNER: Phyllis Arnold
 RR#, St. Address, Box #: 506S 240Ave Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Alton, KS 67623 Application Number:

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

	N W		N E
W			E
	S W		S E

S

4 DEPTH OF WELL.....20'.....ft.
 WELL'S STATIC WATER LEVEL.....20'.....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 Lawn and Garden Only 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..X.. 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 hand dug.....
 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 4.5 ft. to 5 ft., From.....ft. toft., From..... to.....ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage ⑩ Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage live stock tank.....
 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
 Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
		<u>4 gal Chlorine</u>
<u>20'</u>	<u>20'</u>	<u>Sand</u>
<u>5'</u>	<u>20'</u>	<u>Sub Soil</u>
<u>4.5</u>	<u>5'</u>	<u>Bentonite</u>
<u>0</u>	<u>4.5</u>	<u>Top Soil</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-1-17 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 12-13-17 by (signature) Phyllis Arnold By Yvonne R. Oliver POA

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.