

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

County: Graham

Location listed as:

Location changed to:

Section-Township-Range: 17-6-24

17-6S-24W

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

NE NW NW

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

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

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

verification method: written & legal descriptions, position on plat map, county ownership directory, and mapping tool & aerial photos on KGS website. initials: DRR date: 5/13/2009

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.

<b>1</b> LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Graham</u>	<u>1/4</u> $\frac{1}{4}$ $\frac{1}{4}$	<u>17</u>	<u>6</u>	<u>24</u> E/W

Distance and direction from nearest town or city street address of well if located within city?  
7 miles South 1/4 West of Lenora, Ks

<b>2</b> WATER WELL OWNER: <u>Jeff McKeever</u> <u>6 East Gate Drive</u> <u>Hill City, KS 67642</u>	Board of Agriculture, Division of Water Resources Application Number: _____
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<b>3</b> MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<b>4</b> DEPTH OF WELL <u>200</u> ft. WELL'S STATIC WATER LEVEL <u>140</u> ft. WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic      5 Public Water Supply      9 Dewatering <input type="checkbox"/> 2 Irrigation      6 Oil Field Water Supply      10 Monitoring Well <input type="checkbox"/> 3 Feedlot      7 Domestic (Lawn & Garden)      11 Injection Well <input type="checkbox"/> 4 Industrial      8 Air Conditioning      12 Other _____
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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:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	_____

Blank casing diameter 5 in.      Was casing pulled? Yes \_\_\_\_\_ No       If yes, how much \_\_\_\_\_

Casing height above or below land surface 4 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:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	_____
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	_____
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	_____
<input type="checkbox"/> 5 Cess pool	<input checked="" type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	_____

Direction from well? South east      How many feet? 200'

FROM	TO	PLUGGING MATERIALS
<u>200</u>	<u>140</u>	<u>Sand</u>
<u>140</u>	<u>138</u>	<u>Bentonite</u>
<u>138</u>	<u>7</u>	<u>packed clays</u>
<u>7</u>	<u>41</u>	<u>Bentonite</u>
<u>4</u>	<u>3</u>	<u>cement grout</u>
<u>3</u>	<u>0</u>	<u>packed clays</u>

**7** CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-17-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 756 This Water Well Record was completed on (mo/day/year) 1-20-09 under the business name of Gallentine Well Service by (signature) Doug Miller

**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.