

County: Mitchell Fraction: SE, NW, NW, SE Sec. 9 T. 7 S R. 7 E(W)

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

Owner: Jordan Graber

If location corrected, was listed as:

Section-Township-Range: _____

Fraction (¼ calls): NE

Location changed to:

SE, NW, NW, SE

Other changes: Initial statements: _____

Changed to: _____

Comments: House on SW corner of Pine St & E. Court St. Cistern

under flagstone deck on W. side of house. Lat 39.457923° Long

Verification method: Confirmed location w/ landowner (-WGS84) -98.105417

& confirmed coordinates on Google Earth. Used KDNF STR Finder

& LEOWEB V.II. for STR Initials: PCC Date: 12/15/17

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

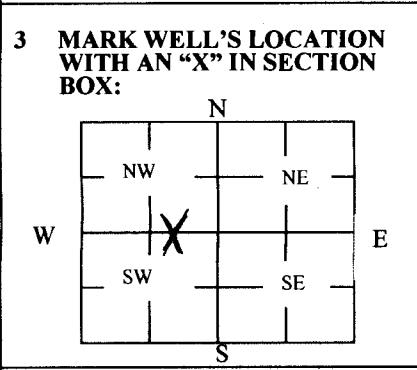
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 **LOCATION OF WATER WELL:** Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ NE $\frac{1}{4}$ Section Number 9 Township Number 7T S Range Number 7 E W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 422 E Court St. Beloit KS 67420

2 **WATER WELL OWNER:**
RR#, St. Address, Box #:
City, State ZIP Code:

Global Positioning Systems (GPS) information:
Latitude: _____ (in decimal degrees)
Longitude: _____ (in decimal degrees)
Elevation: _____
Datum: WGS84, NAD83, NAD27
Collection Method:
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 **DEPTH OF WELL** 11 1/2 ft.
WELL'S STATIC WATER LEVEL _____ ft.
WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other CISTERN
Was a chemical/bacteriological sample submitted to Department? Yes No

5 **TYPE OF BLANK CASING USED:**
 Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile ROCK
Blank casing diameter 10 in. Was casing pulled? Yes No If yes, how much _____
Casing height above or below land surface 0 in.

6 **GROUT PLUG MATERIAL:** Neat cement Cement grout Bentonite Other Gravel & cement
Grout Plug Intervals: From 10 ft. to 2 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel Storage Other (specify below)
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>10 ft</u>	<u>2 ft</u>	<u>Rock</u>			
<u>2 ft</u>	<u>0 ft</u>	<u>Cement</u>			

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-20-2017 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) [Signature]

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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: White Copy Blue Copy Pink Copy