

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

County: Cloud

Location listed as:

Section-Township-Range: 20-15-1 W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NE NW NE

Location changed to:

20-85-1 W

NE NE NW NE

Other changes: Initial statements: _____

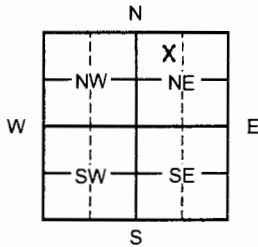
Changed to: _____

Comments: _____

verification method: Written & legal descriptions, city street map,
and mapping tool on KGS website.

initials: DPd date: 5/9/2011

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.

1 LOCATION OF WATER WELL: County: Cloud		Fraction NE ¼ NW ¼ NE ¼	Section Number 20	Township Number 1S	Range Number 1W																																																						
Distance and direction from nearest town or city street address of well if located within city? Ash & West 1 st , Miltonvale, KS																																																											
2 WATER WELL OWNER: KDHE RR#, St. Address, Box #: 1000 SW Jackson City, State, ZIP Code: Topeka, KS, 66612			Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>NA</u> Longitude: <u>NA</u> Elevation: <u>NA</u> Datum: <u>NA</u> Data Collection Method: <u>NA</u>																																																								
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: 		4 DEPTH OF WELL <u>29.00</u> ft. MW15 WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>☒ 10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes ___ No <u>X</u>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	☒ 10 Monitoring	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____																																										
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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 <u>2</u> in. Was casing pulled? Yes <u>X</u> No ___ If yes, how much <u>0.5ft</u> Casing height above or below land surface _____ in.																																																											
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ 3 Bentonite ☒ 4 Other Soil: 0-3ft																																																											
Grout Plug Intervals: From <u>3</u> ft. to <u>29.00</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																											
What is the nearest source of possible contamination: <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Septic tank</td> <td style="width:33%;">6 Seepage pit</td> <td style="width:33%;">11 Fuel storage</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> </tr> </table> 16 Other (specify below) _____ Direction from well? _____ How many feet? _____						1 Septic tank	6 Seepage pit	11 Fuel storage	2 Sewer lines	7 Pit privy	12 Fertilizer storage	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																																							
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9/20/10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>10/4/10</u> under the business name of <u>Larsen and Associates, Inc.</u> by (signature) <u>[Signature]</u> .																																																											
INSTRUCTIONS: Please fill in blanks 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/waterwell .																																																											