

County: Thomas Fraction: NW NW NE NE Sec. 1 T. 8 S R. 34 W

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

Owner: Colby Public Power MW-21

If location corrected, was listed as:

Section-Township-Range: 1-7-34W

Location changed to:

1-8-34W

Fraction (1/4 calls): _____

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Latitude and longitude reported place well in Township 8S per Leo Web

Initials: DLS/PS Date: 10-15-2018

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

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

MW-21

1 LOCATION OF WATER WELL: County: Thomas	Fraction NW ¼ NW¼ NE ¼ NE ¼	Section Number 1	Township Number T 7 S	Range Number R34 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Colby Public Power 120 N. Sterling Colby, KS 67701		Global Positioning Systems (GPS) information: Latitude: 39.3939084 (in decimal degrees) Longitude: 101.0585817 (in decimal degrees) Elevation: 3162.41 TOC Horizontal Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: EPOCH) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m. <input type="checkbox"/> 3-5 m. <input type="checkbox"/> 5-15 m. <input type="checkbox"/> > 15 m		
2 WATER WELL OWNER: City of Colby RR#, St. Address, Box #: 585 N. Franklin City, State ZIP Code: Colby, KS 67701				

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 160.15 ft. WELL'S STATIC WATER LEVEL 142.75 ft. WELL WAS USED AS:
	<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Monitoring MW-21 <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

5 TYPE OF BLANK CASING USED:

Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 4 in. Was casing pulled? Yes No If yes, how much 3'
 Casing height above or below land surface -36 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 3 ft. to 160.15 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input checked="" type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Dirt			Notes:
3	160.15	Bentonite Grout			Colby Public Power
					KDHE/BER project code: A6-097-40187

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/23/18 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 735. This Water Well Record was completed on (mo/day/year) 9/13/18 under the business name of MILCO Environmental Services, Inc. by (signature) *[Signature]*

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.