

# CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction ( 1/4 1/4 1/4) Section-Township-Range changed:

listed as 24-11-12

changed to NW SW NE, 24-11S-12E

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

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

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

verification method: Legal description, owner's address on form, Maple Hill city map on internet, and Maple Hill 1:24,000 topo. map. initials: DR date: 7/18/2000

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1 LOCATION OF WATER WELL: County: <b>Wabaunsee</b>	Fraction <b>1/4 1/4 1/4</b>	Section Number <b>24</b>	Township Number <b>11</b>	Range Number <b>12</b>																												
Distance and direction from nearest town or city street address of well if located within city?																																
2 WATER WELL OWNER: <b>Larry Schulte</b> RR#, St. Address, Box #: <b>311 Pierce P.O. Box 4</b> City, State, ZIP Code : <b>Maple Hill, Ks 66507</b>																																
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height:100px; text-align: center; border-collapse: collapse;"><tr><td colspan="2">N W</td><td colspan="2">N E</td></tr><tr><td>W</td><td></td><td></td><td>E</td></tr><tr><td colspan="2">S W</td><td colspan="2">S E</td></tr><tr><td colspan="2">S</td><td colspan="2"></td></tr></table>		N W		N E		W			E	S W		S E		S				4 DEPTH OF WELL..... <b>18</b> .....ft. WELL'S STATIC WATER LEVEL..... <b>9</b> .....ft. WELL WAS USED AS: <table style="width:100%;"><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table>			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.....
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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. <b>X</b> .... 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    ..... <b>Rock &amp; brick lined</b> ..... Blank casing diameter.... <b>36</b> ...in.    Was casing pulled? Yes..... No... <b>X</b> . If yes, how much..... Casing height above or below land surface..... <b>48</b> .....in.																																
6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 <b>Bentonite</b> 4 Other..... Grout Plug Intervals: From.. <b>1</b> ...ft. to.. <b>4</b> ...ft., From.....ft. to .....ft., From..... to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table> Direction from well? .....    How many feet? .....					1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	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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X CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 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) <b>William H. Lightbach</b>																																
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.																																