

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

County: Shawnee

Location listed as:

Section-Township-Range: 29-11S-16E

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

Location changed to:

29-11S-16E

C SE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: Section, township, range, & quarter calls determined by projecting regular Kansas survey system over river area.

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

initials: DRK date: 6/4/2012

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: Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number 29 Township Number T 11 (S) Range Number 16 E W
 County: Shawnee

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 316 NE Gordon St. Topeka, KS 66608
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

2 WATER WELL OWNER: Dorothy Wilson
 RR#, St. Address, Box #: 316 NE Gordon St.
 City, State ZIP Code: Topeka, KS 66608

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

| | | |
|----|--|----|
| N | | |
| | | |
| NW | | NE |
| | | |
| SW | | SE |
| | | |
| S | | |

4 DEPTH OF WELL 10' ft.
 WELL'S STATIC WATER LEVEL 8'6" 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 _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 72 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface _____ in. Flush with the ground

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

Grout Plug Intervals: From 5 ft. to 4'6" ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input 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 checked="" 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 | |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | |
| | | | |

Direction from well? North
 How many feet? estimated 50 ft

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|-------------|-------------|--------------------|------|----|--------------------|
| <u>10'</u> | <u>5'</u> | <u>Sand</u> | | | |
| <u>5'</u> | <u>4'6"</u> | <u>Bentonite</u> | | | |
| <u>4'6"</u> | <u>0</u> | <u>Topsoil</u> | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-18-11 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) 7-18-11 under the business name of Dick Cook Septic Systems by (signature) Kevin Wagner

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