

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Jefferson

Location listed as:

Section-Township-Range: 1-11-19

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SW 4

Location changed to:

1-11S-19E

SW NW SE

Other changes: Initial statements: _____

Changed to: _____

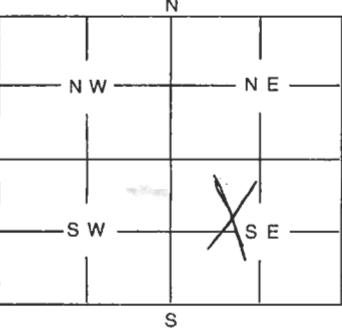
Comments: _____

verification method: Legal description, and county ownership map.

initials: DR date: 2/4/2005

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: <u>JEFFERSON</u>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>SW 4-1-11-19</u>	Township Number <u>SARCOXIE</u>	Range Number																											
Distance and direction from nearest town or city street address of well if located within city?																															
2 WATER WELL OWNER: <u>DEAN DAVIS</u> RR #, St. Address, Box #: <u>1818 Republic Ro.</u> City, State, ZIP Code : <u>LAWRENCE KS 66044</u> Board of Agriculture, Division of Water Resources Application Number:																															
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;"></div>	4 DEPTH OF WELL <u>15</u> ft. WELL'S STATIC WATER LEVEL <u>10</u> 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><input checked="" type="radio"/> 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 If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <u>X</u> No				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	<input checked="" type="radio"/> 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: <table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td><input checked="" type="radio"/> 9 Other (Specify below) <u>Rock</u></td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter <u>36</u> in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface <u>120"</u> in.					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	<input checked="" type="radio"/> 9 Other (Specify below) <u>Rock</u>	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																		
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other Grout Plug Intervals: From ft. to 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><input checked="" type="radio"/> 16 Other (specify below) <u>CREEK</u></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? <u>SE</u> How many feet? <u>30 +</u>					1 Septic tank	6 Seepage pit	11 Fuel storage	<input checked="" type="radio"/> 16 Other (specify below) <u>CREEK</u>	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>12/31/04</u> 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) by (signature) <u>Dean Davis</u>																															
INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																															