

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

(to rectify lacking or incorrect information)

County: Douglas

Location listed as:

Section-Township-Range: 31-12-20E

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

Location changed to:

31-12S-20E

S2 SE NW

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

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

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

verification method: well site address, city street map, and mapping tool on KGS website.

initials: ERL date: 9/29/2010

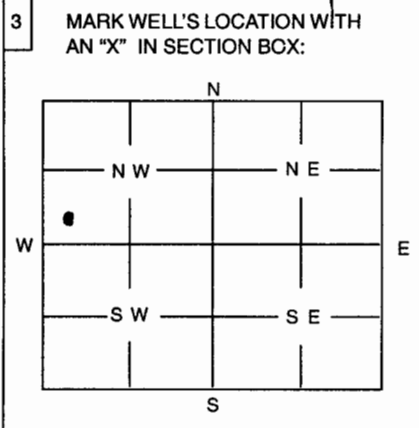
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

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>DOUGLAS</u>	Fraction <u>SW 1/4 SW 1/4 NW 1/4</u>	Section Number <u>31</u>	Township Number <u>12</u>	Range Number <u>20E</u>
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Distance and direction from nearest town or city street address of well if located within city?  
1002 NEW HAMPSHIRE, LAWRENCE, KS

2 WATER WELL OWNER: CLYDE CRAMER  
 RR #, St. Address, Box #: 2410 MANCHESTER  
 City, State, ZIP Code: LAWRENCE, KS 66044  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL ..... 15 ft  
 WELL'S STATIC WATER LEVEL ..... 7-64 ft  
 WELL WAS USED AS:  
 1 Domestic                      5 Public Water Supply                      9 Dewatering  
 2 Irrigation                      6 Oil Field Water Supply                      10 Monitoring Well  
 3 Feedlot                          7 Domestic (Lawn & Garden)                      11 Injection Well  
 4 Industrial                      8 Air Conditioning                          12 Other .....

Was a chemical / bacteriological sample submitted to Department? Yes ..... No   
 If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes ..... 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 .....

Blank casing diameter ..... in.      Was casing pulled? Yes ..... No       If yes, how much .....

Casing height above or below land surface ..... NA in.

6 GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout      ③ Bentonite      ④ Other SOILS .....

Grout Plug Intervals:      From 15 ft. to 3 ft.,      From 3 ft. to 0 ft.,      From ..... to ..... ft.

What is the nearest source of possible contamination:  
 1 Septic tank                      6 Seepage pit                      ④ Fuel storage (FURNACE)      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 .....

Direction from well? SW .....      How many feet? 75 .....

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>COMPACTED SOILS</u>
<u>3</u>	<u>15</u>	<u>BENTONITE CHIPS</u>

7 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. 11/12/01 ..... This Water Well Record was completed on (mo/day/year) .....  
 by (signature) [Signature] under the business name of QUAN STATE SERVICES, INC.

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.