

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

County: Shawnee

Location listed as:

Section-Township-Range: None Given

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

Location changed to:

3-13 S-17 E

NW SW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, area road map, and mapping tool & aerial photos on KGS website.

initials: ERd date: 10/21/2008

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.

OCT - 2 2008

3

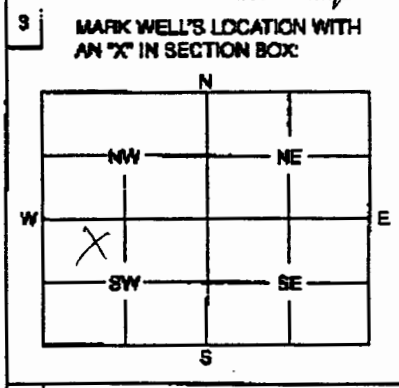
135

17 E

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Shawnee</u>		<u>14</u> <u>N</u> <u>14</u>			<u>EW</u>

Distance and direction from nearest town or city street address of well if located within city?
6826 St Stubbs Rd Perryman, KS 66049 8 mi SE of Topeka

2 WATER WELL OWNER: Bret Ebberts
 RR #, St. Address, Box #: 5353 SW Warrmaker Rd Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Topeka, KS 66606 Application Number:



4 DEPTH OF WELL 11 ft.
 WELL'S STATIC WATER LEVEL 9.5 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 2 No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) Rock lined
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter 120 in. Was casing pulled? Yes _____ No ✓ If yes, how much _____
 Casing height above or below land surface 1 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 8 Sewage pit 11 Fuel storage 16 Other (specify below) _____
 2 Sewer lines 7 PR 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? Northwest How many feet? 70

FROM	TO	PLUGGING MATERIALS
<u>11</u>	<u>9.5</u>	<u>Sand</u>
<u>9.5</u>	<u>4.5</u>	<u>Clay Soil</u>
<u>4.5</u>	<u>4</u>	<u>Bentonite</u>
<u>4</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) 9-16-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. A-2 Septe H. Hall This Water Well Record was completed on (mo/day/year) _____ under the business name of _____
 by (signature) Harry M. Jones Health Dept

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.