

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

County: Wabaunsee

Location listed as:

Location changed to:

Section-Township-Range: 4-14-11

4-145-11E

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

NW NE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, area map on internet, and
Lake Wabaunsee 1:24,000 topo. map.

initials: WRL date: 3/18/2004

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 $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>4</u>	Township Number <u>14</u>	Range Number <u>11</u>
County: <u>WABAWSEE</u>				

Distance and direction from nearest town or city street address of well if located within city?
LOCATED AT ADDRESS

2 WATER WELL OWNER: <u>WILLIAM A WRIGHT</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>302 LAKESHORE DRIVE</u>	Application Number: <u>2003-21</u>
City, State, ZIP Code : <u>ALMA, KS 66401</u>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF WELL <u>43</u> ft WELL'S STATIC WATER LEVEL <u>40</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> <u>✓</u> If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes <input checked="" type="checkbox"/> <u>✓</u> No <input type="checkbox"/> <u>1</u></p>
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5 TYPE OF BLANK CASING USED:	9 Other (Specify below)
<input checked="" type="radio"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass <input type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile	
Blank casing diameter in. Was casing pulled? Yes No <input checked="" type="checkbox"/> <u>✓</u> If yes, how much	
Casing height above or below land surface <u>LEVEL</u> in.	

6 GROUT PLUG MATERIAL:	4 Other
1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite	
Grout Plug Intervals: From <u>40</u> ft. to <u>43</u> ft., From ft. to ft., From to ft.	
What is the nearest source of possible contamination:	
<input checked="" type="radio"/> 1 Septic tank 6 Seepage pit 11 Fuel storage <input checked="" type="radio"/> 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	16 Other (specify below)
Direction from well? <u>NO</u> How many feet? <u>20</u>	

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>40</u>	<u>SAND</u>
<u>40</u>	<u>43</u>	<u>BETONITE</u>
<u>COVER</u>		<u>TOP SOIL</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12/17/02</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>William A Wright</u> <u>LAND OWNER</u>
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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.