

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: 29-14-13

29-145-13E

Fraction ( 1/4 1/4 1/4): \_\_\_\_\_

SE SE NE

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

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

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

verification method: Written & legal descriptions, position on plat map, and Harveyville 1:24,000 topo. map (buildings shown on map).

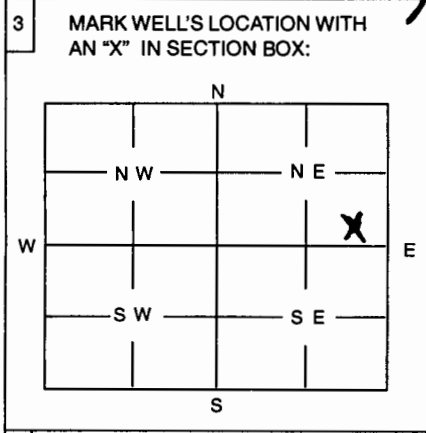
initials: DRL date: 4/2/2003

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: <b>Wabaunsee</b>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <b>29</b>	Township Number <b>14</b>	Range Number <b>13</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**NW of Harveyville**

2 WATER WELL OWNER: **Collin O. Zirkle**  
 RR #, St. Address, Box #: **11963 Old Dog House Rd** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Harveyville, KS 66431** Application Number:



4 DEPTH OF WELL ..... **25** ..... ft  
 WELL'S STATIC WATER LEVEL ..... **15** ..... 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) **Hand-dug well - Rock**  
 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 ..... in.

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

Grout Plug Intervals:      From **5** ft. to **4.5** ft.,      From ..... ft. to ..... ft.,      From ..... to ..... ft.

What is the nearest source of possible contamination:  
 4 Lateral lines      6 Seepage pit      11 Fuel storage      16 Other (specify below)  
 1 Septic tank      7 Pit privy      12 Fertilizer storage  
 2 Sewer lines      8 Sewage lagoon      13 Insecticide storage  
 3 Watertight sewer lines      9 Feedyard      14 Abandoned water well  
 5 Cess Pool      10 Livestock pens      15 Oil well/Gas well

Direction from well? ..... **South** .....      How many feet? ..... **100'** .....

FROM	TO	PLUGGING MATERIALS
<b>25'</b>	<b>10'</b>	<b>gravel + 5' Rock lining</b>
<b>10'</b>	<b>5'</b>	<b>Subsoil</b>
<b>5'</b>	<b>4.5'</b>	<b>Bentonite</b>
<b>4.5'</b>	<b>0'</b>	<b>Topsoil</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... **April 21, 2002** ..... 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) ..... under the business name of ..... by (signature) ..... **Collin O. Zirkle** .....

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.