

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

(to rectify lacking or incorrect information)

**Location listed as:**

Section-Township-Range: 30-14-17

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

County: Osage

**Location changed to:**

30-145-17E

NW SW SW

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

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

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

verification method: Legal description, position on plat map,  
county ownership map, and mapping tool & aerial photos  
on KGS website. initials: DRD date: 6/7/2006

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	Section Number	Township Number	Range Number
County:	Osage	1/4 SW 1/4 1/4	30	14	17 E/W

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

2	WATER WELL OWNER: Barbara Woodruff 13097 S Stubbs Rd Overbrook KS 66524	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... 9 ..... ft. WELL'S STATIC WATER LEVEL ..... 5 ..... ft. WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other .....
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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:
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1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) Limestone rock  
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter 60 in. Was casing pulled? Yes ☒ ..... No ..... If yes, how much 60  
Casing height above or below land surface 60 in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other .....
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Grout Plug Intervals: From 3 ft. to 4 ft., From ..... ft. to ..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank 6 Seepage pit 11 Fuel storage 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 ☒ Livestock pens 15 Oil well/Gas well

Direction from well? NE How many feet? 7500

FROM	TO	PLUGGING MATERIALS
0	3	soil
3	4	bentonite
4	9	sand

7	CONTRACTOR'S OF 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. .... This Water Well Record was completed on (mo/day/year) ..... under the business name of ..... by (signature) <u>Tom Moore</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, 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.