

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log in order to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as 17-15-13

changed to SE SE NE, 17-15S-13E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

initials: DRD date: 11/21/2002

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<i>Wab.</i>	$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	<i>17</i>	<i>15</i>	<i>13</i>

Distance and direction from nearest town or city street address of well if located within city?
1 West 2 1/4 South of Harveyville

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
	<i>Ray Kraus</i>	Application Number:
	RR #, St. Address, Box #: <i>3680 Co. Rd. X</i>	
	City, State, ZIP Code: <i>Osage City, Mo, 66523</i>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <i>13.5</i> ft
		WELL'S STATIC WATER LEVEL <i>2.5</i> 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 <i>not used</i>	
		Was a chemical / bacteriological sample submitted to Department? Yes No <i>X</i> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <i>X</i> 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 <i>Brick</i>
	Blank casing diameter <i>4.8</i> 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 <i>8'</i> ft. to <i>8.5</i> 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 10 Livestock pens 15 Oil well/Gas well
	Direction from well? <i>North</i>	How many feet? <i>50'</i>

FROM	TO	PLUGGING MATERIALS
0	8'	<i>Good Rock & top linings & clay</i>
8'	8.5	<i>Bentonite</i>
8.5	<i>ground level</i>	<i>top soil</i>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>12-12-2001</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>1-10-02</i> This Water Well Record was completed on (mo/day/year) <i>1-10-02</i> under the business name of <i>Ray Kraus</i> by (signature) <i>Ray Kraus</i>
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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.