

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

(to rectify lacking or incorrect information)

County: Miami

Location listed as:

Location changed to:

Section-Township-Range: 23-16 S-22 E

23-16 S-22 E

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

SE SE SW

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

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

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

verification method: written & legal descriptions, county ownership map, position on plat map, and mapping tool on KGS website. initials: DRR date: 8/16/2006

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.

<b>1 LOCATION OF WATER WELL:</b> County: <u>MIAMI</u>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>23</u>	Township Number <u>16 S</u>	Range Number <u>22 E</u>
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Distance and direction from nearest town or city street address of well if located within city?

NNW 6 miles from PAOLA

<b>2 WATER WELL OWNER:</b> <u>CAROLYN LUDWIG</u> RR#, St. Address, Box #: <u>26566 WAVERLY</u> City, State ZIP Code: <u>PAOLA, KS 66071</u>	<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**

N			
	NW		NE
W			E
	SW		SE
S			

X

**4 DEPTH OF WELL** 22 ft. (HAND DUG)

WELL'S STATIC WATER LEVEL 14 ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring
3 Feedlot	<input checked="" type="radio"/> Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes  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	_____

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 \_\_\_\_\_ ft. to \_\_\_\_\_ ft.,    From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.,    From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input checked="" type="radio"/> 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	Direction from well? <u>NE</u>
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? <u>150</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
22	14	Gravel/rock			
14	6	Clay			
6	4	Concrete			
4	0	Soil COVER			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 06/29/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A. This Water Well Record was completed on (mo/day/year) 07/03/06 under the business name of MIAMI COUNTY ENVIRONMENTAL HEALTH by (signature) Charlene G. Ward

**INSTRUCTIONS:** Use typewriter or ballpoint 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. Visit us at <http://www.kdheks.gov/geo/waterwells>.