

County: Coffey Fraction NW NW NW SW Sec. 33 T 20 S R 16 (E/W)

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

Owner: James Trager

Location was listed as:

Section-Township-Range: 33-20-16

Fraction (1/4 1/4 1/4): None Given

Location changed to:

33-20S-16E

NW NW NW SW

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

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

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

Verification method: Legal description, Coffey County online parcel search, and mapping tool & aerial photos on KGS website.

initials: DRB date: 11/18/2016

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 660473726  
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>Coffey</u>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>33</u>	Township Number <u>20</u>	Range Number <u>16</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?  
NA

<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box #: <u>James Trajer</u> <u>1720 19th rd</u> City, State ZIP Code: <u>Waverly, KS 66971</u>	<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF WELL</b> <u>25'</u> ft.
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WELL'S STATIC WATER LEVEL 15' ft

WELL WAS USED AS:

<input checked="" type="checkbox"/> Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring
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

**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	<u>Brick</u>

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 Gravel

Grout Plug Intervals:    From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.,    From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.,    From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 <u>Septic tank</u>	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 <u>Lateral lines</u>	9 Feedyard	14 Abandoned water well	Direction from well? <u>S.</u>
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? <u>90'</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
		<u>Put fine screenings in bottom, then added clay, then added Bentonite &amp; topped off with A.B.S.</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-5-16 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) 4-5-16 under the business name of \_\_\_\_\_ by (signature) James R Trajer

**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>.