CORRECTION TO WATER WELL RECORD (WWC-5)

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

Fraction (1/4 1/4 1/4)	Section-Township-Range changed:
listed as	13-12-24
changed toSE_	SW NE, 12-225-24E
Other changes: Initial statemen	nts:
Changed to:	
Comments:	
verification method: Writter	description on form, position on plat map on form, 1:24,000 topo map. initials: OPS date: 9/15/99
submitted by: Kansas Geologica	al Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726 Evironment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1 LOCATI	ON OF WATE	R WELL:	Fraction	Section Number	Township Number	Range Number		
County:	Lir	ın	1/4 1/4 1/4	13	22	24		
Distance and direction from nearest town or city street address of well if located within city?								
2 MI So. 1/4 MI W Pleasanton, KS 2 WATER WELL OWNER:								
\vdash		METV	Egbert					
			Box 139 santon, Ks. 66	Board of Agric 075 Application No	culture, Division of umber:	Water Resources		
AN "X"	ELL'S LOCATION N	N BOX:	4 DEPTH OF WELL					
s	W	X	3 Feedlot 4 Industrial Was a chemical/bacte If yes, mo/day/yr sa	7 Lawn and Garden (11 Injection 12 Other	Well		
5 TYPE O	F BLANK CAS	SINC HEED.						
H								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete TileRock.lined								
			Oin. Was casing pland surface		No If yes, how	much		
6 GROUT	PLUG MATER	AL: 1 Neát	cement 2 Cement grou	ıt 3 Bentonite	4 Other			
Grout	Plug Interv	/als: From	5.ft. to6ft.	, Fromft. to	ft., From	toft.		
What i	s the neare	est source of	possible contamination	n:				
2 Sewer lines 3 Watertight sewer lines 4 Lateral lines			7 Pit privy 8 Sewage lagoon	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	ge age well	ecify below)		
Direct	ion from we	ett?Sp	uth	How many feet?6	5.Q			
FROM	то	PLU	GGING MATERIALS					
0	5	Compa	cted subsoil					
5	6	Cemen	t grout					
6	29	Compa	cted Kaw					
		River	Sand					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 2.22.99								

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.