

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 7-22-24

changed to SE SW NE, 7-22S-24E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Phone call to well owner, owner's address, city map
on internet, and Mound City 1:24,000 topo map. initials: RRJ date: 10/17/2001

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: County: <u>Linn</u> | Fraction <u>1/4 1/4 1/4</u> | Section Number <u>7</u> | Township Number <u>22</u> | Range Number <u>24</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------|----------------------------|------------------------------|---------------------------|---------------|---------------|--------------------|--------------------------|-------------------------|----------------------|-----------------------|-------------------|--------------------------|---------------------|------------------------|-----------------------|-----------------|------------|-------------------------|-------|-------------|-------------------|----------------------|-------|--|--|--|--|-------------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|------------------------|-------------------|--------------|--------------------|---------------|
| Distance and direction from nearest town or city street address of well if located within city? <u>N/A</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 WATER WELL OWNER: <u>Brad Fountain</u> RR#, St. Address, Box #: <u>1566 E 850 Rd</u> City, State, ZIP Code: <u>Mound City, Ks 66056</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Board of Agriculture, Division of Water Resources Application Number: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height:100px; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N</td><td colspan="2">W</td><td colspan="2">E</td></tr> <tr><td colspan="2">W</td><td colspan="2"> </td><td colspan="2">E</td></tr> <tr><td colspan="2">S</td><td colspan="2">W</td><td colspan="2">E</td></tr> <tr><td colspan="2">S</td><td colspan="2"> </td><td colspan="2">E</td></tr> </table> | | N | | W | | E | | W | | | | E | | S | | W | | E | | S | | | | E | | 4 DEPTH OF WELL..... <u>23</u>ft. WELL'S STATIC WATER LEVEL..... <u>4</u>ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td><u>1</u> Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes....No <u>X</u> If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes... <u>X</u> ... No..... | | | <u>1</u> Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other..... |
| N | | W | | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| S | | W | | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | | | | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 Industrial | 8 Air Conditioning | 12 Other..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 TYPE OF BLANK CASING USED: <u>N/A</u> <table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td><u>rocked lined</u></td> </tr> </table> Blank casing diameter.....in. Was casing pulled? Yes..... No..... If yes, how much..... Casing height above or below land surface.....in. | | | | | 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (specify below) | 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | <u>rocked lined</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other..... Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From.....ft. to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td>.....</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td>.....</td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td>.....</td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td>.....</td> </tr> </table> Direction from well? How many feet? | | | | | 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 | | | | | | | | | | | | | | | | | |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).... <u>8-19-01</u> ... 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).... <u>8-28-01</u> ... under the business name of by (Signature) <u>Dan Bunk</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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.