

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 NE NE NW, 20-23-1

changed to NE NE NW, 20-235-1E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

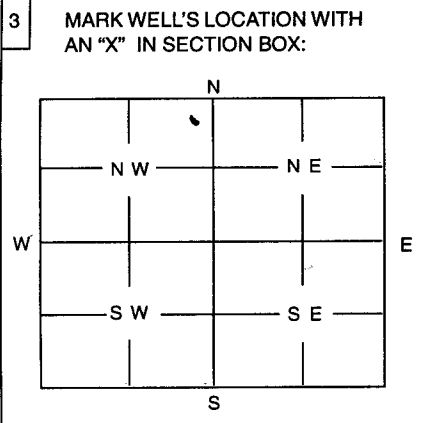
verification method: written & legal descriptions, position on plat map, Newton city map on internet, and Newton 1:24,000 topo map initials: DRD date: 5/17/2001

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:	Fraction	Section Number	Township Number	Range Number
County:	<u>Harvey</u>	<u>NE 1/4 NE 1/4 NW 1/4</u>	<u>20</u>	<u>23</u>	<u>1</u>

Distance and direction from nearest town or city street address of well if located within city?
1st + Main St. Newton, KS 67114

2	WATER WELL OWNER:	<u>Cavette Dake / the corner</u>
RR #, St. Address, Box #:	<u>1318 N. Main</u>	Board of Agriculture, Division of Water Resources
City, State, ZIP Code :	<u>Newton, KS 67114</u>	Application Number:



4	DEPTH OF WELL	<u>15</u> ft
	WELL'S STATIC WATER LEVEL	<u>1435.11</u> ft.
	WELL WAS USED AS:	
	1 Domestic	5 Public Water Supply
	2 Irrigation	6 Oil Field Water Supply
	3 Feedlot	7 Domestic (Lawn & Garden)
	4 Industrial	8 Air Conditioning
		9 Dewatering
		10 <input checked="" type="checkbox"/> Monitoring Well
		11 Injection Well
		12 Other
	Was a chemical / bacteriological sample submitted to Department?	Yes No <input checked="" type="checkbox"/>
	If yes, mo/day/yr sample was submitted	
	Water Well Disinfected:	Yes No <input checked="" type="checkbox"/>

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 <u>NA</u> in. Was casing pulled? <input checked="" type="checkbox"/> Yes No If yes, how much <u>#11</u>
	Casing height above or below land surface <u>NA</u> in.

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other
	Grout Plug Intervals:	From <u>2</u> ft. to <u>15</u> ft.,	From ft. to ft.,	From ft. 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?	How many feet?			

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>2</u>	<u>Top Soil</u>
<u>2</u>	<u>15</u>	<u>Cement/Bentonite Grout</u>
		<u>Well Drilled out</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2/12/01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>668</u> This Water Well Record was completed on (mo/day/year) <u>4/16/01</u> under the business name of <u>Environmental Geosciences & Engineering</u> by (signature) <u>[Signature]</u>
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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.