

## CORRECTION TO WATER WELL RECORD (WWC-5)

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

**Fraction ( 1/4 1/4 1/4) Section-Township-Range changed:**

listed as 1 - 27 - 3E

changed to NW SE SE, 1-27 S-3E

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

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

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

verification method: Legal description, well owner's address, area map on internet, and Santa Fe Lake 1:24,000 topo. map.

initials: DR date: 12/5/2002

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>Butler</u>		1/4 1/4 1/4	1	27	3E																																				
Distance and direction from nearest town or city street address of well if located within city?																																									
2	WATER WELL OWNER:	<u>DAVID CONGER</u> <u>6740 SW. AUTUMN TRAIL</u>																																							
RR#, St. Address, Box #:		Board of Agriculture, Division of Water Resources																																							
City, State, ZIP Code :		Application Number: <u>AUGUSTA, KS 67010</u>																																							
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL..... <u>22</u> ft. WELL'S STATIC WATER LEVEL..... <u>14</u> ft. WELL WAS USED AS:																																							
<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>N W</td><td></td><td></td><td>N E</td></tr> <tr><td></td><td style="text-align: center; position: relative; height: 40px; width: 100px;"><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td>S W</td><td></td><td></td><td>S E</td></tr> <tr><td colspan="4" style="text-align: center;">S</td></tr> </table>						N W			N E		<input checked="" type="checkbox"/>			W			E	S W			S E	S				<table border="0" style="margin-left: 20px;"> <tr><td><input checked="" type="radio"/> 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>				<input checked="" type="radio"/> 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.....
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Was a chemical/bacteriological sample submitted to Department? Yes... <u>No</u> ... If yes, mo/day/yr sample was submitted.....																																									
Water Well Disinfected: <u>Yes</u> ..... No..... <u>7 GALLONS OF 6% CHLORINE</u>																																									
5	TYPE OF BLANK CASING USED:																																								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) <u>Rock</u> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																																									
Blank casing diameter..... <u>36</u> in. Was casing pulled? <u>Yes</u> ..... No..... If yes, how much..... <u>5 FT</u> ..... 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..... <u>10</u> ft. to..... <u>17</u> ft., From.....ft. to .....ft., From..... to.....ft. <u>4 FT</u> <u>5 FT</u>																																									
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? ..... <u>NORTH WEST</u> ..... How many feet? ..... <u>200'</u> .....																																									
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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>9/2/02</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)..... under the business name of ..... by (signature) ..... <u>David Conger</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: 913/296-3565. Send one to Water Well Owner and retain one for your records.																																									