

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 3-28-18E

changed to NE SW SW, 3-28S-18E

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

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

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

verification method: written & legal descriptions, position on plat map,  
and Chanute 1:24,000 topo. map (buildings shown on map). initials: DRL date: 2/26/2002

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>Neosho</u>	<u>1/4 1/4 1/4</u>	<u>3</u>	<u>28</u>	<u>18 E</u>

Distance and direction from nearest town or city street address of well if located within city?  
Southeast of Chanute 3 miles

2 WATER WELL OWNER: Rieth KRAFT  
Box 138 RR#4  
 RR#, St. Address, Box #: Chanute KS 66720  
 City, State, ZIP Code: Chanute KS 66720  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
 N

	N	W		N	E
W					E
	X	W		S	E
				S	

4 DEPTH OF WELL...74.....ft.  
 WELL'S STATIC WATER LEVEL...1.2.....ft.  
 WELL WAS USED AS:  
~~1 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.....  
 Was a chemical/bacteriological sample submitted to Department? Yes....No..X  
 If yes, mo/day/yr sample was submitted.....  
 Water Well Disinfected: Yes..... No..X...

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...6.....in. Was casing pulled? Yes..... No..X.. If yes, how much.....  
 Casing height above or below land surface...12.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....  
 Grout Plug Intervals: From 20 ft. to 1 ft., From.....ft. to .....ft., From..... 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? South..... How many feet? 300'.....

FROM	TO	PLUGGING MATERIALS

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-1-95..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 391..... This Water Well Record was completed on (mo/day/year)..... under the business name of K-W Well Service..... by (signature) [Signature].....

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.