

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 28-2-3E

changed to NW SW NW, 28-2 S-3E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

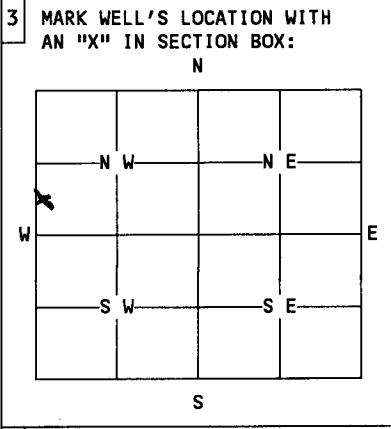
verification method: Written & legal description, position on plat map, and
Washington 1:24,000 topo-map (buildings shown on map) initials: DAJ date: 3/13/2001

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:	<i>Washington</i>	<i>1/4 1/4 1/4</i>	<i>28</i>	<i>2</i>	<i>3 E</i>

Distance and direction from nearest town or city street address of well if located within city?
4 miles Northwest of Washington

2 WATER WELL OWNER: *Myrna Willbrandt*
 RR#, St. Address, Box #: *955 Osage*
 City, State, ZIP Code: *Washington, KS 66801*
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL.....*77*.....ft.
 WELL'S STATIC WATER LEVEL.....*70*.....ft.

WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well
<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Lawn and Garden Only	<input type="checkbox"/> 11 Injection Well
<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other.....

Was a chemical/bacteriological sample submitted to Department? Yes....No....
 If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes...... No.....

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input checked="" type="checkbox"/> 9 Other (specify below)
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	<i>70' - Hand Pkg Well</i>

Blank casing diameter...*54*.....in. Was casing pulled? Yes..... No.... If yes, how much.....
 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 *3*...ft. to *2*...ft., From.....ft. toft., From..... to.....ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input checked="" type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess Pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	

Direction from well? ..*West*..... How many feet?*100'*.....

FROM	TO	PLUGGING MATERIALS
<i>77</i>	<i>60</i>	<i>Chlorinated Sand</i>
<i>60</i>	<i>3</i>	<i>Subsoil - Clay</i>
<i>3</i>	<i>2</i>	<i>6"-1" Bentonite</i>
<i>2</i>	<i>0</i>	<i>Topsoil</i>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) *3/20/07*..... 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) *4/9/07*..... under the business name of *East Shore Washington Co. Cons. District* by (signature) *M. Palmer Stamm, NRS Coordinator*

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.