

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 \_\_\_\_\_ 12, 008 S, 019 E \_\_\_\_\_  
changed to SW NW SE, 12-85-19E \_\_\_\_\_

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

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

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

verification method: Written & legal description, Jefferson County 1996 Ownership Map,  
and position of house shown on Easton SW 1:24,000 topographic map. initials: DRK date: 12/20/99

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: <i>Jefferson</i>	Fraction 1/4 1/4 1/4	Section Number <i>12</i>	Township Number <i>008S</i>	Range Number <i>019E</i>																																
Distance and direction from nearest town or city street address of well if located within city? <i>Rural Winchester, Ks 2 1/2 miles</i>																																					
2	WATER WELL OWNER: <i>John Swager</i>																																				
RR#, St. Address, Box #: City, State, ZIP Code : <i>Winchester, Ks 66097</i>		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: 100px; height: 100px; text-align: center;"><tr><td></td><td>N</td><td>W</td><td></td><td>N</td><td>E</td></tr><tr><td>W</td><td></td><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td>S</td><td>W</td><td></td><td>S</td><td>E</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> S			N	W		N	E	W					E		S	W		S	E													4			DEPTH OF WELL.....ft. WELL'S STATIC WATER LEVEL.....ft. WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic      5 Public Water Supply      9 Dewatering <input type="checkbox"/> 2 Irrigation      6 Oil Field Water Supply      10 Monitoring Well <input type="checkbox"/> 3 Feedlot      7 Lawn and Garden Only      11 Injection Well <input type="checkbox"/> 4 Industrial      8 Air Conditioning      12 Other..... Was a chemical/bacteriological sample submitted to Department? Yes....No.... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes... <input checked="" type="checkbox"/> ... No.....	
	N	W		N	E																																
W					E																																
	S	W		S	E																																
5	TYPE OF BLANK CASING USED: <input checked="" type="checkbox"/> 1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (specify below) <input type="checkbox"/> 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile Blank casing diameter... <i>12</i> in.    Was casing pulled? Yes..... No..... If yes, how much..... Casing height (above or below land surface)..... <i>10</i> in.																																				
6	GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other... <i>sand</i> Grout Plug Intervals: From.....ft. to.....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    ..... <i>None</i> 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? .....																																				
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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) <i>April 4, 1999</i> 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) ... <i>John Swager</i> .....																																				
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.																																					