

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 (No legal description)

changed to NW, SW, SW, sec. 19, T9S, R23E

Other changes made:

Initial statements: _____

Changed to: _____

Written description of well location (110 E. Kay, Lansing, KS),
verification method: Kansas City city & area map, & Basehor 1:24,000 topo. map. initials: DRD date: 12/18/98

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>Leavenworth</u>	<u>NW 1/4 SW 1/4</u>	<u>19</u>	<u>9</u>	<u>230</u>

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

2	WATER WELL OWNER: <u>Tom Boone</u>	Location of Well: <u>110 E. Kay</u>
	RR#, St. Address, Box #: <u>700 Charles St.</u>	Board of Agriculture, Division of <u>Engineering</u>
	City, State, ZIP Code: <u>Leavenworth, KS 66043</u>	Application Number: <u>66043</u>

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

N

	N	W		E
W				E
	S	W		E
				S

S

4 DEPTH OF WELL.....37.....ft.

WELL'S STATIC WATER LEVEL..26.....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. No.....

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	<u>ROCK</u>

Blank casing diameter. 4-6 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.. SAND + CLAY.....

Grout Plug Intervals: From 0 ft. to 26 ft., From 26 ft. to 37 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	
<input checked="" type="checkbox"/> 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? NORTH ~~370-40 feet~~ How many feet? 3.5 to 40 feet

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>26</u>	<u>SAND</u>
<u>26</u>	<u>37</u>	<u>CLAY</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-7-97 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 AL WHITE CONSULTING by (signature) Albert D. White

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.

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