

**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 SW, SE, SE, sec. 25, Blaine Township, R 3

changed to SW, SE, SE, sec. 25, T 10 S, R 3W

**Other changes made:**

Initial statements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

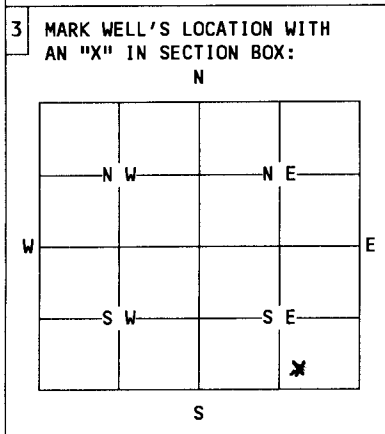
verification method: written description on form, listed as "Blaine" township,  
\$ Wells 1:24,000 topo. map initials: ARL date: 12/18/98

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: <i>Ottawa</i>	<i>SW 1/4 SE 1/4 SE 1/4</i>	<i>25</i>	<i>Blaine 10</i>	<i>3 W</i>

Distance and direction from nearest town or city street address of well if located within city?  
*5 miles east of Minneapolis + 1/4 N + 3/4 East*

2 WATER WELL OWNER: *Elvin & Rosemary Luthi*  
 RR#, St. Address, Box #: *1775 Mulberry Rd*  
 City, State, ZIP Code: *Minneapolis KS. 67467* Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL.....*55*.....ft.  
 WELL'S STATIC WATER LEVEL....*39*.....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   
 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) *Rock*  
 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile  
 Blank casing diameter...*40*.....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 *45* ft. to *5* 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? ..*West*.....    How many feet? .....*100*.....

FROM	TO	PLUGGING MATERIALS
<i>4 gal.</i>		<i>Clorox 4gal.</i>
		<i>fill sand 11.35 Tons</i>
		<i>Bentonite Clay</i>
		<i>Top soil</i>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)....*9/12/98*..... 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) ..*Elvin Luthi by Rosemary Luthi*.....

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.