

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 18-10-5

changed to NE SW NE, 18-10S-5W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

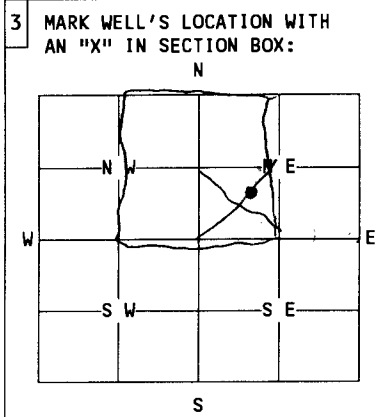
verification method: Legal description, well owner's address, position on plat map, and Ada 1:24,000 topo map initials: DRG date: 5/3/2001
(buildings shown on map)

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>Ottawa</u>	<u>1/4 1/4 1/4</u>	<u>18</u>	<u>10</u>	<u>5</u>

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

2 WATER WELL OWNER: Richard Zimmerman
 RR#, St. Address, Box #: 69 Prairie Rd Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Ada, KS 67469 Application Number:



4 DEPTH OF WELL.....1.7.....ft.
 WELL'S STATIC WATER LEVEL.....10.....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..X.. 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

Blank casing diameter...5.....in. Was casing pulled? Yes..... No..X.. If yes, how much.....
 Casing height above or below land surface.....9.6.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....
 Grout Plug Intervals: From.....ft. to.....ft., From.....ft. toft., 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

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)....9-14-97..... 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)....6-9-98..... under the business name of
 by (signature) Rich Zimmerman

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.