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) Section-Township-Range changed:
listed as $16 - 135 - 17$
changed to <u>SW</u> , NE, NW, 16-135-174)
Other changes: Initial statements:
Changed to:
Comments:
verification method: Position on plat map &
verification method: Position on plat map, # Catharine 1:24,000 topo map initials: Del date: 2/8/99
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:	Fraction	Section Number	Township Number	Range Number	
County: E//-5	1/4 1/4 1/4	16	13	17	
Distance and direction from nea	rest town or city stree	t address of well if	located within city?		
Catherine, KS 51	· Catheriae St	1651			
2 WATER WELL OWNER:					
RR#, St. Address, Box #: 41 City, State, ZIP Code : Ccth		Application No		water Resources	
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4E			
N	WELL'S STATIC WATE	ER LEVEL2.6	ft.		
	WELL WAS USED AS:				
N'W X N'E	1 Domestic 2 Irrigation				
u l	3 Feedlot E 4 Industrial	∠ Lawn and Garden (8 Air Conditioning 8 Air Condi	Only 11 Injection	Well	
	E 4 Industriat	o All colaterolling	TE Other III		
S E Was a chemical/bacteriological sample submitted to Department? YesNo					
s	Water Well Disinfec	ted: Yes.K No	••••		
5 TYPE OF BLANK CASING USED:					
	ught 7 Fiber	alass 9 Other	(specify below)		
2 PVC 4 ABS 6 Asb	estos-Cement 8 Concre	ete Tile			
Blank casing diameter	land surface7	oulled? Yes I	No. K. If yes, how	nuch	
6 GROUT PLUG MATERIAL: 1 Neat	cement 2 Cement gro	ut 🎁 Bentonite	4 Other		
Grout Plug Intervals: Fro	mft. toft	., Fromft. to	oft., From	toft.	
What is the nearest source o	f possible contamination	n:			
Septic tank		11 Fuel storage		ecify below)	
2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage					
4 Lateral lines 5 Cess Pool	9 Feedyard 10 Livestock pens	14 Abandoned water			
Direction from well? .Nor.t	h	How many feet? .2.0			
FROM TO PL	UGGING MATERIALS				
	· ·				
7 CONTRACTOR'S OR LANDOWNER'S	CERTIFICATION:This water	 r well was pludded ui	nder my jurisdiction :	and was completed	
□ on (mo/day/year) Water Well Contractor's Lice	and this reco	rd is true to the bea	st of my knowledge an Record was completed	d belief. Kansas on (mo/dav/year)	
	under the business name	e of			
INSTRUCTIONS: Use typewriter of					

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.