

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Saline

Location listed as:

Section-Township-Range: 24-15-1

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): None Given

Location changed to:

24-155-1W

N2 NE NW

Other changes: Initial statements: _____

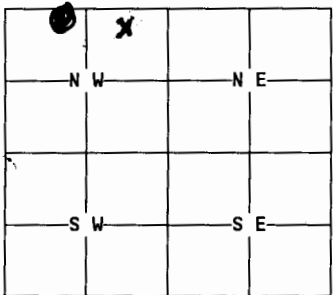
Changed to: _____

Comments: _____

verification method: Legal description, position on plat map, and
Gypsum 1:24,000 topo. map (building shown on map).

initials: RLT date: 3/4/2004

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1 LOCATION OF WATER WELL: County: <u>Saline</u>	Fraction <u>1/4 1/4 1/4</u>	Section Number <u>24</u>	Township Number <u>15</u>	Range Number <u>1</u>																											
Distance and direction from nearest town or city street address of well if located within city?																															
2 WATER WELL OWNER: <u>Donald Carrier</u> 1064 W Chestnut ST RR#, St. Address, Box #: <u>Junction City, KS 66441</u> City, State, ZIP Code : <u>Board of Agriculture, Division of Water Resources</u> <u>Application Number:</u>																															
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  S		4 DEPTH OF WELL..... <u>30</u>ft. WELL'S STATIC WATER LEVEL..... <u>28</u>ft. WELL WAS USED AS: 1 <u>Domestic</u> 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... <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..... <input checked="" type="checkbox"/> No.....																													
5 TYPE OF BLANK CASING USED: <u>Steel</u> 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter.....in. Was casing pulled? Yes..... No... <input checked="" type="checkbox"/> 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.....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 <u>Pit privy</u> 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? <u>West</u> How many feet? <u>20 ft</u>																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>30</u></td> <td><u>29</u></td> <td><u>Sand</u></td> </tr> <tr> <td><u>29</u></td> <td><u>5</u></td> <td><u>Sub Soil</u></td> </tr> <tr> <td><u>5</u></td> <td><u>0</u></td> <td><u>Concrete</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	<u>30</u>	<u>29</u>	<u>Sand</u>	<u>29</u>	<u>5</u>	<u>Sub Soil</u>	<u>5</u>	<u>0</u>	<u>Concrete</u>															
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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) <u>7/29/03</u> 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) <u>Don Carrier</u>																															
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.																															