### CORRECTION(S) to WATER WELL COMPLETION RECORD
Form WWC-5 (to rectify lacking or incorrect information)

**Owner:** William G Ballard Jr.  
**Domestic (Hand-dug)**

**If location corrected, was listed as:**  
**Location changed to:**

<table>
<thead>
<tr>
<th>Fraction (¼ calls):</th>
<th>E 1/2 E 1/4</th>
<th>SE SE NE SE</th>
</tr>
</thead>
</table>

**Other changes:** Initial statements: Lat./Long coordinates not provided on original form.

Changed to: **NAD 83 (39.528011, -98.953255)**

**Comments:**

**Verification method:** Confirmed location with Osbourne Co. Cons. Dist. Manager, Robbin Dibble, and LeoWeb.

**Initials:** BA  
**Date:** 8/7/2024

Submitted by:  
- Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
- Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

(rev 01/26/2018)
WATER WELL PLUGGING RECORD  
Form WWC-SP  KSA 82a-1212

1 LOCATION OF WATER WELL:
   County: Osborne  
   Fraction: 1/4 E 1/2, E 1/4  
   Section Number: 14  
   Township Number: T 6 S  
   Range Number: R 15 W

Distance and direction from nearest town or city street address of well if located within city:
4 miles North of Atton

2 WATER WELL OWNER:
   William C. Ballard Jr
   RR#, St. Address, Box #:
   787 County Line 67th Ave.
   City, State, ZIP Code:
   Atton, KS 66723
   Application Number:

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

   N   W   N   E
   W
   S   W   S   E
   S

4 DEPTH OF WELL:.................ft. 28  
WELL'S STATIC WATER LEVEL:...........ft. 18

   WELL WAS USED AS:
   1 Domestic  
   2 Irrigation  
   3 Feedlot  
   4 Industrial  
   5 Public Water Supply  
   6 Oil Field Water Supply  
   7 Lawn and Garden Only  
   8 Air Conditioning  
   9 Dewatering  
   10 Monitoring Well  
   11 Injection Well  
   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
   Blank casing diameter..............in.  
   Casing height above or below land surface...........in.
   Was casing pulled? Yes...No.  
   If yes, how much..............

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

   What is the nearest source of possible contamination:
   1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool
   6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens
   11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well
   16 Other (specify below)

   Direction from well?..............South  
   How many feet?..............

   FROM  TO  PLUGGING MATERIALS
   0 4.5 Top soil
   4.5 5 Bentonite
   5 18 Subsoil
   18 28 Sand

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed
   on (mo/day/year)..............4/1/54. 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)
   4/1/54 under the business name of ............by (signature)..............
   Jay D. Johnson, LLC

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.