

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

County: Osborne

Location listed as:

Section-Township-Range: None Given

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

Location changed to:

18-7S-12W

NE NE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, city map on internet, and
Osborne 1:24,000 topo. map.

initials: DRL date: 5/6/2004

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: Osborne	Fraction 1/4 1/4 1/4	Section Number	Township Number	Range Number
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Distance and direction from nearest town or city street address of well if located within city?
415 N 1st Osborne, Ks 67473

2 WATER WELL OWNER: Lynn Cooper RR#, St. Address, Box #: 809 Apollo City, State, ZIP Code : Osborne, Ks 67473	Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height: 100px; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N W</td><td colspan="2">N E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td colspan="2">S W</td><td colspan="2">S E</td></tr> <tr><td colspan="4">S</td></tr> </table>	N W		N E		W			E	S W		S E		S				4 DEPTH OF WELL.....ft. 44 WELL'S STATIC WATER LEVEL.....ft. 31 ft to WATER WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> ① Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other..... </div> </div> <p>Was a chemical/bacteriological sample submitted to Department? Yes....No.... If yes, mo/day/yr sample was submitted.....</p> <p>Water Well Disinfected: Yes. <input checked="" type="checkbox"/> No.....</p>
N W		N E															
W			E														
S W		S E															
S																	

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 **Red Tile**

Blank casing diameter...**1.2**...in. Was casing pulled? Yes...☒ No..... If yes, how much...**3'**
 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..**6**..ft. to..**3**..ft., From.....ft. toft., From..... 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? **EAST** How many feet? **80'**

FROM	TO	PLUGGING MATERIALS
0	3	Topsoil
3	6	Bentonite
6	13	Subsoil
13	44	SAND

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 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) **Lynn D. Cooper**

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.