

## 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 County 6N-2W; SW 1/4, sec. 10, T 7, R 23

changed to Graham County; NE, SW, SW, sec. 10, T 7S, R 23W

**Other changes made:**

Initial statements: No well owner listed

Changed to: Scott Trust; Ralph E. Scott, Trustee

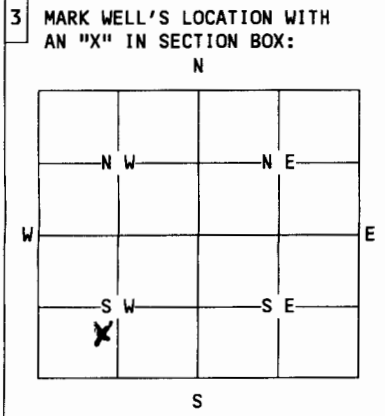
verification method: There is no T 7S, R 23E in Kansas, so must be T 7S, R 23W, which puts it in Graham County. Quarter call taken from position shown on plat map on form. Owner surmised from signature on form. initials: RRD date: 12/10/98

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: County: <b>GRAHAM</b> <b>6 N - 2 W</b>	Fraction <b>NE</b> <b>1/4 SW 1/4 SW</b>	Section Number <b>10</b>	Township Number <b>7</b>	Range Number <b>23</b>
---	--	---	-----------------------------	-----------------------------	---------------------------

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

2 WATER WELL OWNER:  
RR#, St. Address, Box #: \_\_\_\_\_  
City, State, ZIP Code : \_\_\_\_\_  
Board of Agriculture, Division of Water Resources  
Application Number: \_\_\_\_\_



4 DEPTH OF WELL.....**127**.....ft.  
WELL'S STATIC WATER LEVEL.....**8.5**.....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...**water coming**

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.....**6**.....in.    Was casing pulled? Yes..... No..... If yes, how much.....  
Casing height above or below land surface.....**36**.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other...**SPCS. 99.12**.....  
Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to .....ft., 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
<b>Bottom</b>	<b>45'</b>	<b>Chlorinated sand</b>
<b>45'</b>	<b>36'</b>	<b>Subsoil DIRT</b>
<b>6'</b>	<b>Surface</b>	<b>SECTATE</b>

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).....  
*Richard E. Smith*

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.