County: Shownee	_ Fraction SW SW SW NE	Sec. 30 T 10 S R 16 EW				
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) Owner: Ralston, Molly						
Location was listed as:		Location changed to:				
Section-Township-Range: 30	-103-16E	30-10s-16E				
Fraction (1/4 1/4 1/4):		SW SW SW NE				
Other changes: Initial statements:						
Comments:						
Verification method: 600gb E	orth, KGS LEDWE	EB software				
		initials: DRL date: 4-28-2017				
•	• •	onstant Ave., Lawrence, KS 660473726 kson, Suite 420, Topeka. KS 66612-1367.				

WATER WELL PLUGGING R	ECORD Form WWC	C-5P KSA 82a-12	12 ID NO. 🗀				
1 LOCATION OF WATER WELL: County: Shavinge	Fraction	Section Number	Township Number	Range Number			
County: Shawnee Distance and direction from nearest to	own or city street address of v	vell if located within city?		10			
5820 NW Rochester Rd. Topeka KS 66617							
2 WATER WELL OWNER: MOLLY Ralston Global Positioning Systems (decimal degrees, min. of 4 digits DRH St. Address Part 6020 AVII V and set of Deficion of the Company of the							
RR#, St. Address, Box #: 5820 NW Rochesta A Longitude: Elevation:							
City, State ZIP Code: Tope (a) KS 66617 Datum: Data Collection Method:							
3 MARK WELL'S LOCATION 4 DEPTH OF WELL 19 ft. WITH AN "X" IN SECTION							
BOX: WELL'S STATIC WATER LEVEL 13 ft							
× NW NE	WELL WAS USED AS:						
NW NE	Domestic 5 Public Water Supply 9 Dewatering						
W 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well							
SW SE							
Was a chemical/bacteriological sample submitted to Department? YesNoNo							
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
2 PVC 4 ABS 6 A	sbestos-Cement 8 Cond		(Specify below)				
Blank casing diameter 42 in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in.							
Casing neight above of below faild surface in.							
6 GROUT PLUG MATERIAL: 1 Neat cement							
Grout Plug Intervals: From 5 ft. to 46 ft., From ft. to ft., From to ft.							
What is the nearest source of possible contamination:							
Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage							
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?							
5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?							
	GING MATERIALS	FROM TO	PLUGGING MA	TERIALS			
19 5 Rakt	art						
46 0 TOAS	0:1						
	•						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was							
completed on (mo/day/year) 12-28-16 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) 12-28-16 under the							
business name of Flagler Excussion by (signature) make flags.							
INSTRUCTIONS: Use typewriter or bal	lpoint pen. Please press firm	ly and print clearly. Pleas	se fill in blanks, under	line or circle the			
correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your							
records. Visit us at http://www.kdheks.gov/geo/waterwells.							