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

(to rectify lacking or incorrect information)

Location listed as:	County: Wyan dotte Location changed to:								
Section-Township-Range: 22 - 50N - 33W	35-105-25E								
Fraction (1/4 1/4 1/4): NW NW SE	SW NW NE SW								
Other changes: Initial statements:									
Changed to:									
Comments:									
verification method: Map of well locations North Kansas City 1:24,000	topo map. initials: ORL date: 9/9/2005								

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.

MW 207

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO._

1	LOCAT	ION OF WAT	ER WELL:		Fraction	Section Number	Township Number	Range Number		
Coi	unty: 🔣	Vande	Ho	1,	ADA DENA JEVA	**************************************	5000	S ENN)		
					y street address of well if loca	ated within city?				
á	2029	Fair	fax K	CK	5 66115	•				
2	WATER	R WELL OWN	ER: Conoc	of	Millips company	- Water ADE				
	RR #, St City, Sta	. Address, Bo te, ZIP Code	x #: 12/8 :: Bar t	Phil Tesu	ile of 7400	4 Application Number	, Division of Water Resource:	ces		
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:					4 DEPTH OF WELL	25-07 ft				
	Т	N	1	,	WELL'S STATIC WATE WELL WAS USED AS:	R LEVEL ft.				
		,	NE		1 Domestic	5 Public Water Supply	9_ Dewateri	na		
					2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G	ly 🕰 Monitorir	ng Well		
W				E	4 Industrial	8 Air Conditioning				
	sw	·	— SE ——		Was a chemical / bacteriolo If yes, mo/day/yr sample wa	gical sample submitted to De as submitted	partment? Yes I	No		
		s			Water Well Disinfected: Ye	es No				
5	TYPE (OF BLANK C	ASING USED:							
	1 Stee	el 3 RM 3 AB		Wrou	ight 7 Fibergla stos-Cement 8 Concre		elow)			
	Blank casing diameter2 in. Was casing pulled? Yes									
6		T PLUG MAT	ERIAL:	1 Nea	t cement	ut 3 Bentonite 4 C	Other			
		Plug Intervals		-	D Tft. to	, Fromft. to	ft., From	to ft.		
			source of pos	sidle c	contamination: 6 Seepage pit	1)Fuel storage	16 Other (spe	cify below)		
1 Septic tank2 Sewer lines				7 Pit privy	12 Fertilizer storage	(spe				
Watertight sewer lines Lateral lines				8 Sewage lagoon 13 Insecticide storage 9 Feedyard 14 Abandoned water well						
5 Cess pool				10 Livestock pens	15 Oil well/Gas well	veii				
	Directi	on from well?	·		How many	feet?				
	FROM	то		PLUC	GGING MATERIALS					
1	5.04	0	Cen	1811	a Grout					
_										
-										
7	CONT	RACTOR'S	⊥ OF LANDON	NN 5 R	R'S CERTIFICATION: This	 s water well was plugged	under my jurisdiction a	and was completed on		
(mo/day/year)										
by (signature)										
IN ar	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, 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.

