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

(to rectify lacking or incorrect information)

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

WW HOA
WATER WELL PLUGGING RECORD FORM WWC-5P

ID NO.\_

1	LOCATIO	N OF WATER WEL	L:	Fraction	Section Number	Township Number	Range Number		
Cou	anty: WU	indate		Nata NWA SWA	22	50N	33 1		
Dis		~ <i>r</i> .		ity street address of well if loo	ated within city?				
9	2028 1		<u>CCKS</u>						
2	- William Rida /17h S. Vector AUC								
	RR #, St. Address, Box #: 1218 1700 1000 400 Board of Agriculture, Division of Water Resources  City, State, ZIP Code : Board of Agriculture, Division of Water Resources  Application Number:								
3	MARK WI	ELL'S LOCATION V		4 DEPTH OF WELL	15,61 tt.				
$\Box$	AN "X" IN	SECTION BOX:		WELL'S STATIC WATE	R LEVEL ft.				
				WELL WAS USED AS:					
	NW -	NE -		1 Domestic	5 Public Water Supply				
				2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Supp</li><li>7 Domestic (Lawn &amp; G</li></ul>				
w			E	4 Industrial	8 Air Conditioning				
	sw	SE -			ogical sample submitted to De		No?		
				If yes, mo/day/yr sample w	as submitted		-		
!		S		Water Well Disinfected: Y	es No				
5	TYPE OF	BLANK CASING U	JSED:						
H	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)								
	<b>P</b> PVC	4 ABS	_	pestos-Cement 8 Concre					
Blank casing diameter in. Was casing pulled? Yes No If yes, how much If yes, how much in.									
6	GROUT F	PLUG MATERIAL:		eat cement Cement gro	out 3 Bentonite 4 0	Other			
		g Intervals:	-	<i>5.6</i> ft. to	., Fromft. to	o ft., From	to f		
		ne nearest source o	of possible		11 Fuel storess	16 Other (and	acifu halaw)		
<ul><li>1 Septic tank</li><li>2 Sewer lines</li></ul>				6 Seepage pit 7 Pit privy	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>				
		ertight sewer lines ral lines		<ul><li>8 Sewage lagoon</li><li>9 Feedyard</li></ul>	<ul><li>13 Insecticide storage</li><li>14 Abandoned water</li></ul>				
	5 Ces	s pool		10 Livestock pens	15 Oil well/Gas well				
	Direction	from well?	•••••	How many	/ feet?				
	FROM	то	PL	UGGING MATERIALS					
17	61	0 /21	MPNH	- Grour					
			,	Up u					
			• • •						
7	CONTRA	CTOR'S OF (LA)	MD@WNE	FCS CERTIFICATION: Thi	s water well was plugged	under my jurisdiction a	and was completed on		
(mo/day/year)									
under the business name of									
	by (signa		UN	wyc					
	INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.

