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

(to rectify lacking or incorrect information)

Location listed as:	County: Wyandotte Location changed to:
Section-Township-Range: 34-105-25E	
Fraction (1/4 1/4 1/4):	34-10 5-25 E NW NE SE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: <u>Legal</u> <u>description</u>	from original construction
	initials: Att date: 1/28/2008
	· ·

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.

WATER WELL PLUGGING RI	ECORD Form WWG	`-5P KSA 82a-	1212 ID NO.			
1 LOCATION OF WATER WELL: County: Wandotte			Township Number	Range Number		
Distance and direction from nearest to	own or city street address of a	vell if located within ci	T105	R 250W		
C C	Swif of city street address of	well if located within el	ty.			
faitax		T				
2 WATER WELL OWNER: Con	WATER WELL OWNER: Latitude: Global Positioning Systems (decimal degrees, min. of 4 digitation)					
RR#, St. Address, Box #: 2029 Perfor Fruffic Wed Elevation:						
) Distriction:						
City, State ZIP Code:	\$ 66115	Datum: Data Collection Met	hod.			
3 MARK WELL'S LOCATION	4 DEPTH OF WELL					
WITH AN "X" IN SECTION	,					
BOX:	WELL'S STATIC WA	WELL'S STATIC WATER LEVEL 23.32 ft MW 2/				
N	WELL WAS USED A	S.				
NW NE						
	1 Domestic 2 Irrigation	5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply				
W E	3 Feedlot	7 Domestic (Lawn & Garden) 11 Injection Well				
SW SE	4 Industrial	8 Air Conditioning	12 Othe	r		
	Was a chemical/bacte	riological sample subm	itted to Department? Yo	es No×		
S						
5 TYPE OF BLANK CASING USE			(0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
	Wrought 7 Fibership 7 Fibershi	erglass 9 Oth	ner (Specify below)			
•			27	0 2		
Blank casing diameter in.	Was casing pulled? Yes V	No If y	es, how much 2/	. 8 2		
Casing height above or below land s	urtace 27 in.					
4 Lateral lines 9 Feed	e contamination: age pit ivy 12 Fuel Stor 12 Fertilizer age lagoon 13 Insectició	age 16 Other of the storage le storage le storage le d'agree le d'	specify below) on from well?			
FROM TO PLUGO	GING MATERIALS	FROM TO	PLUGGING MA	ATERIALS		
	nife Chips					
7 CONTRACTOR'S OR LANDOW completed on (mo/day/year) 9/26/2 Well Contractor's License No. >0 Substitute of Maxs	NER'S CERTIFICATION 2 and this reco	: This water well w rd is true to the best of ecord was completed or by (signature)	n (mø/day/year) //	jurisdiction and wa elief. Kansas Wate 2 2 under th		
INSTRUCTIONS: Use typewriter or ba	allnoint nen Please press fire	<i>~</i> .	v * /	erline or circle the		
correct answers. Send top three copies to Jackson St., Ste. 420, Topeka, Kansas 66	Kansas Department of Heal 612-1367. Telephone: 785/2	th and Environment, Bu	ıreau of Water, Geology	Section, 1000 SW		
records. Visit us at http://www.kdheks.g	ov/geo/waterwells.					
			MANAGEMENT 1			