(to rectify lacking or incorrect information)

Finner

(to rectify lacking or incorrect information)

County:

Location listed as:	Location changed to:
Section-Township-Range: 25-26-32	25-265-32 W
Fraction (1/4 1/4 1/4):	SE NE NE
Other changes: Initial statements:	•
Changed to:	
Comments:	

verification method: Legal description, position on plat map, county ownership map showing Duesing property nearby, and mappin tool & aerial photos on KGS, website. initials: ARL date: 5/9/2007

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 R	ECORD Form WWC-5P	KSA 82a-1212 ID N	0
1 LOCA	TION OF WATER	WELL:	Fraction	Section Number	Township Number	Range Number
	• •		1/ 1/ 1/	25	26	32 EN
County: Distance and	I direction from nea	arest town or c	ity street address of well if loc			E/V
				·		
2 WATE	R WELL OWNER:	Car	lyn DAYIS			
	St. Address, Box #:	2012	N Sunflower	Board of Agriculture	e, Division of Water Resource	ces
City, St	ate, ZIP Code :	GARDEN	City Ks 6784		:	
	WELL'S LOCATION BO		4 DEPTH OF WELL			
	N		WELL'S STATIC WATE	R LEVEL 240 ft.		
		\ <u>\</u>	WELL WAS USED AS:			
N'	w r	NE X	1 Domestic	5 Public Water Supply		
			2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G		
W		E	4 Industrial	8 Air Conditioning		
	W — — S	SE	Was a chemical / bacteriolo	ogical sample submitted to De	epartment? Yes	No
5			If yes, mo/day/yr sample wa	as submitted		
	S		Water Well Disinfected: Ye	es No		
		10.11055		•		
°	OF BLANK CASIN					
1 Ste			ought 7 Fiberglestos-Cement 8 Concre		elow)	
Blank	casing diameter	ع in.	Was casing pulled?	Yes No	If yes, how mu	ch
Casir	ng height above or	below land sur	face	in.		
١٠١	JT PLUG MATERIA				Other	
	Plug Intervals: is the nearest sour		ft. to ft.	, Fromtt. to	o ft., From	to
	Septic tank	ce or possible	6 Seepage pit	11 Fuel storage	16 Other (spe	cifv below)
2	Sewer lines		7 Pit privy	12 Fertilizer storage		,
	Natertight sewer lir ₋ateral lines	nes	8 Sewage lagoon9 Feedyard	13 Insecticide storage 14 Abandoned water		
	Cess pool		10 Livestock pens	15 Oil well/Gas well		
Direc	tion from well?		How many	/ feet?		
FROM	то	PLI	JGGING MATERIALS			
83	SURFACE	nort	+			
0 2	SURPRE	Nea+	cement	 		
	u	1+4 d	lisin feetint			
7 CON	TRACTOR'S OF	LANDOWNE	R'S CERTIFICATION: This		under my jurisdiction a	nd was completed or
(mo/d	ay/year)		N 3 CENTITION TIME	and this record is tru	e to the best of my knowle	dge and belief. Kansas
		under # n&	business name of			
		Phil	by during	1ennant		
INSTRUCT	TIONS: Use type	writer or ball	point pen. <u>Please press fir</u> as Department of Health a	mly and print clearly. Plea	se fill in blanks, underlin	e or circle the correct
			as Department of Health a 67. Telephone: 785/296-55			