County: Riley	_ Fraction:	SE SE NW	Sec	16	Т	10	_8 R.	9	E	
CORRECTION(S) to WATER WEL	L COMPLETI	ON RECORD	Form WWC	- 5 (to	rectify I	acking	or inco	rect info	rmation)	
Owner: Larry Hoobler								-	200 200 200 200 200 200 200 200 200 200	
If location corrected, was listed as: Section-Township-Range:	Location changed to: S16-T10-R9E									
Fraction (¼ calls):	NW NW	marris, Manufacturi III. Love production and	SE SE NW							
Other changes: Initial statements: The WWC5 has the incorrect address of 1239 Shady Land Rd										
Changed to: Changed address to	o 1239 San	dy Land Rd	Vilhadria Pari Vilia i de da partir de 1		X. 6 + / 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -					
Comments: Called Leonard Backhoe service to verify information										
Verification method: Located property using Riley County parcel search. Spoke with driller to verify										
location. Used KGS mapper to validate address with STR										
		The second secon	The state of the s	nitials:	SH	Da	1te: 02	/02/202	21	
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367										

(rev 01/26/2018)

W			UGGING I	RECORD	Form WW	/C-5P	KSA 82	2a-1212 ID	NO. L				
1	County:	Riley		Fraction NW 1/4 NW		1/4 /0			S	Range Number			
			Well Location;			Global Po		Systems (GPS)		ation:			
	direction from negrest town or intersection: If at owner's address, check here						Latitude: (in decimal degrees) Longitude: (in decimal degrees)						
3.	1.6	MY A	9 Shady	Land	Per ses	Elevation			<u>,</u>	NAD83. NAD27			
10-	9-20	123	9 > 2000 7	manhad	60502	Collection	Method:		، ليا	1AD63, [] HAD27			
2		WELL OV					S unit (Mai						
		Address, Be e ZIP Code		y Hoohly		Ì			-	p.			
 			/039	110	The state of the s			: 3 m, □ 3-5 m	<u>. لـا ج</u>	-15 m, □ > 15 m			
3	MARK V	VELL'S LO N "X" IN S	DCATION SECTION	i	OF WELL_								
	BOX:	N		WELL'S	S STATIC WA	TER LEVE	L	<u>7</u> ft					
	4			WELL	WAS USED A	S:	·						
	W Domestic Public Water Supply Dewatering Monitoring Injection Well									ring			
W													
	Feedlot Domestic (Lawn & Garden) Injection Well Other												
		5		Was a ch	emical/bacterio	ological sam	ple submit	tted to Departme	ent? Yes	No 🖸			
5	TYPE OF	BLANK (CASING USE	D:	***************************************	*** * * * ****************************	***************************************			P. Martin and Control of the Control			
	Steel	ПRN	MP (SR)	Wrought	Пс	- ما معام	,	sit ve le i					
1,	PVC	AE	MP (SR)	Asbestos-Cer	nent C	oncrete Tile	Щ.	Other (Specify be	elow)				
	Blank casing diameter 5 in. Was casing pulled? Yes No V If yes, how much Casing height above or below land surface in.												
2 4 5	Casing he	ight above	or below land	surface	in.	1 40 1	ir yes, ho	w much	**************************************				
				7	Briow					and the second of the second			
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other													
	Grout Plug	Intervals:	From O	ft to U'	f) Fram	11		tt., From	æ	. (7'			
						10.	. 10 20	_u., From		ft. to 36 ft.			
	Septio	e nearest so e tank	urce of possibl	e contaminatio	on: Fuel ste	1 #13 (943	ر ا	Marian Zamana (C. B.)					
		lines	Pit	privy		er storage	П	other (specify be	tow)				
	Latera	tight sewer il lines	lines Se	wage lagoon edyard		ide storage	att bis			AVA.			
	Cess			vestock pens		ned water w I/Gas well		ection from well' v many feet?	⁷				
	FROM	ТО	DI LICA	GING MATE	NATE T	Francis							
	0	4	Dirit		dALS	FROM	TO	PLUGG	ING M.	ATERIALS			
	4	8		towitz.									
	8	52	Same										
ł			1 Calle	n Chlos	اسر								
}													
								· · · · · · · · · · · · · · · · · · ·					
7 C	ONTRAC	TOR'S OF	RLANDOW	ER'S CERT	IFICATION:	This water	er well wa	as plugged under	er my i	riediction and was			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) / / / / / / / / / / / / / / / / / / /													
Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 10/99/20 under the business name of Lyone Designer Successful by (signature)													
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and a serious se													
										e. 420, Topeka, KS			
		'	isit us at http:/	/www.kdheks	.sov/waterwell	/index.html	Telepho	one 785-296-552	лиs. 4,				
						2a-1212				visad 1/20/2016			
				· · · · · · · · · · · · · · · · · · ·					ve	vised 1/20/2015			

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