

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

(to rectify lacking or incorrect information)

County: Shawnee

Location listed as:

Location changed to:

Section-Township-Range: 19-11S-16E

19-11S-16E

Fraction (¼ ¼ ¼): None Given

SW SE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Legal description, position on plat map,
and mapping tool on KGS website.

initials: DR date: 12/16/2008

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.

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SHAWNEE		¼ ¼ ¼	19	11 S	16 E E/W

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: WESTAR ENERGY
 818 S. KANSAS AVE
 RR #, St. Address, Box #: TOPEKA, KS 66612
 City, State, ZIP Code : Board of Agriculture, Division of Water Resources
 Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL17.5..... ft. WELL'S STATIC WATER LEVEL0..... ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other
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	N	
NW		NE
		X
SW		SE
	S	

Was a chemical / bacteriological sample submitted to Department? Yes No X

If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No X

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter4..... in. Was casing pulled? Yes X No If yes, how much18".....

Casing height above or below land surface18"..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other DIRT

Grout Plug Intervals: (2) From 17.5 ft. to 1.5 ft., (4) From 1.5 ft. to 0 ft., From to ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	(16) Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	TRANSFORMER
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well?SE..... How many feet?18.....

FROM	TO	PLUGGING MATERIALS
0'	1.5'	DIRT
1.5'	17.5'	CEMENT GROUT

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/25/2008 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of WOLF CONSTRUCTION COMPANY by (signature) *[Signature]*

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.