

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 11-29S-23E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NE NE NE

County: Wyandotte

Location changed to:

17-11S-23E

SE SE SW

Other changes: Initial statements: 103010 Kansas Avenue, Bonner Springs, Kansas

Changed to: 13010 Kansas Avenue, Bonner Springs, Kansas

Comments: _____

verification method: Well address, city map, and

Bonner Springs 1:24,000 topo. map.

initials: DRP date: 6/15/2004

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: **Wyandotte** County: **Wyandotte** Fraction: **NE 1/4 NE 1/4 NE 1/4** Section Number: **11** Township Number: **29S** Range Number: **23E** E/W

Distance and direction from nearest town or city street address of well if located within city?
103010 Kansas Avenue, Bonner Springs, Kansas

2 WATER WELL OWNER: **Shop N. Go**
 RR #, St. Address, Box #: **3864 W. 75th** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Prairie Village, Ks 66208** Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

	N	
NW		NE
W		E
SW		SE
	S	

4 DEPTH OF WELL**18**..... ft.
 WELL'S STATIC WATER LEVEL **NA**..... ft.
 WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

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 diameter **2** in. Was casing pulled? Yes **X** No If yes, how much **18'**
 Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Surface silts and clays**.....
 Grout Plug Intervals: From **18'** ft. to **3** ft., From **3** 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	
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? How many feet?

FROM	TO	PLUGGING MATERIALS
0	3	Surface Silt and Clays
18	3	Bentonite

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **04/15/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/year) **04/19/04** under the business name of **Associated Environmental, Inc.**
 by (signature) **Darin Duncan**

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.