

CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: Wyandotte

Location listed as:

Location changed to:

Section-Township-Range: 2-11 S-25 E

2-11 S-25 E

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

W2 NW NE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

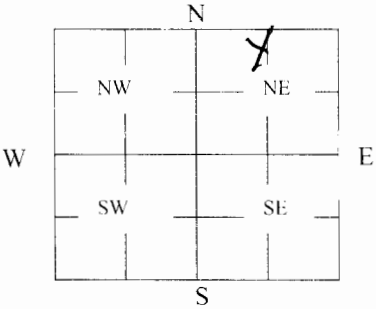
verification method: Map from owner showing well locations,
and North Kansas City 1:24,000 topo. map.

initials: DR date: 12/18/2007

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: <u>Wyandotte</u> Fraction <u>NE 1/4 NW 1/4</u> Section Number <u>2</u> Township Number <u>T11S</u> Range Number <u>R25E</u> Distance and direction from nearest town or city street address of well if located within city: <u>Fairfax</u>		Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																											
2 WATER WELL OWNER: RR#, St. Address, Box #: <u>Conoco Phillips 2029 Fairfax Trafficway</u> City, State ZIP Code: <u>KCKS 66115</u>		3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>		4 DEPTH OF WELL <u>34.6</u> ft. WELL'S STATIC WATER LEVEL <u>29.38</u> ft. <u>P2 410</u> WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering <input checked="" type="checkbox"/> 10 Monitoring 11 Injection Well 12 Other _____ </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>																																									
5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel <input checked="" type="checkbox"/> 2 PVC </div> <div> 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) _____ </div> </div> Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No _____ If yes, how much <u>15'</u> Casing height above or below land surface <u>24"</u> in.																																													
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other _____ Grout Plug Intervals: From <u>34.6</u> ft. to <u>1</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> <input checked="" type="radio"/> 11 Fuel Storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) _____ Direction from well? _____ How many feet? _____ </div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>34.6</u></td> <td><u>1</u></td> <td><u>Bentonite</u></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	<u>34.6</u>	<u>1</u>	<u>Bentonite</u>																																	
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7/21/07</u> 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) <u>11-18-07</u> under the business name of <u>MAXS</u> by (signature) <u>David Hing</u>																																													
INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at http://www.kdheks.gov/geo/waterwells .																																													