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

(to rectify lacking or incorrect information)

| Location listed as: | County: Wyan Acte_ Location changed to: |
|---|---|
| Section-Township-Range: $1/-125-25E$ | |
| Fraction (1/4 1/4 1/4): | SW NW SW |
| Other changes: Initial statements: | |
| Changed to: | |
| Comments: | |
| verification method: <u>Wellsite</u> address, come mapping tool on KGS webs | ty street map, and ite. initials: ORL date: 5/25/2011 |

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 V | VELL PL | UGGING RECORD | Form WWC-5P | KSA 8 | 2a-1212 | ID NO. | | | |
|---|-----------------|--------------------------|----------------------------------|-----------|--------------------------------------|-------------|--------------------------|-------------------|--|
| County: | Wyando | tte | Fraction SW 1/4 NW 1/4 SV | V 1/4 | ection Number 11 | 1 | p Number 2S | Range Number 25E | |
| Distance | and direc | tion from nearest town | n or city street address | of well i | f located within | n city? | | | |
| 45 N James St., Kansas City, KS Ruan hearing | | | | | | | | | |
| 2 WATER WELL OWNER: Frank Molle Global Positioning System (decimal degrees, min. of 4 digits) | | | | | | | | | |
| RR#, St. Address, Box #: 601 W 103rd St. | | | | 1 | Latitude: NA Longitude: NA | | | | |
| Rior, St. Fiddiess, Box 11. Oct W 10514 St. | | | | | Elevation: NA | | | | |
| City, State, ZIP Code: Kansas City, MO 64114-4504 | | | | | Datum: NA Data Collection Method: NA | | | | |
| 3 MARK | WELL'S | LOCATON | 4 DEPTH OF WEI | | | ft. M | | | |
| 1 | | SECTION | | | | | ., 0 | | |
| BOX: | | | WELL'S STATIC WATER LEVEL NA ft. | | | | | | |
| | , | N | WELL WAS USE | D 48. | | | | | |
| | <u> </u> | , | WELL WAS USE | D AS. | | | | | |
| | - NW- | - NE - | 1 Domestic | | ic Water Supply | | Dewatering | | |
| \ \ | / | E | 2 Irrigation | | ield Water Sup | | Monitorin | | |
| | | | 3 Feedlot 4 Industrial | | estic (Lawn & (Conditioning | , i | Í Injection V 2 Other | Well | |
| | X sw- | SE - | + maasarar | 10 7 H | conditioning | 14 | | | |
| | | 5 | Was a chemical/l | bacteriol | ogical sample s | ubmitted to | Department | ? Yes No <u>X</u> | |
| 5 TYPE O | | CASING USED: | | | ·· <u>·</u> | | | | |
| 1 Steel | | MP (SR) 5 Wrou | | erglass | | Other (spec | ify below) | | |
| (2)PVC | 4 AF | SS 6 Asbes | stos-Cement 8 Co | ncrete T | | 4. | | | |
| Blank casing diameter 2 in. Was casing pulled? Yes X No If yes, how much 0.5ft | | | | | | | | | |
| Casing height above or below land surface NA in. | | | | | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Asphalt: 0-0.7ft; Soil: 0.7-3ft | | | | | | | | | |
| Grout Plug Intervals: From 3 ft. to 26.00 ft., From ft. to ft., From ft. to ft. | | | | | | | | | |
| What is t | ne negrest : | course of possible cor | stamination: | | | | | | |
| What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) | | | | | | | | | |
| 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 Direction from well? 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? | | | | | | | | | |
| To Direction pens 15 on well-did well 110w many feet. | | | | | | | | | |
| FROM | ТО | PLUGGING N | | FROM | TO | PLU | JGGING MA | ATERIALS | |
| 0.7 | <u>0.7</u> 3 | Aspl So | | | | | | | |
| 3 | 26.00 | Bento | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/24/11 and this record is true to the best of my-knowledge and belief. Kansas Water | | | | | | | | | |
| Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 3/15/11 under the | | | | | | | | | |
| business name of Larsen and Associates, Inc by (signature) | | | | | | | | | |
| INSTRUC | TIONS: 1 | Please fill in blanks or | circle the correct answ | wers. Se | nd top three cor | pies to Kan | as Departme | ent of Health and | |
| Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 68612-1367. Telephone: | | | | | | | | | |
| 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell. | | | | | | | | | |