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

(to rectify lacking or incorrect information)

Location listed as:	County: (zeary Location changed to:
	· ·
Section-Township-Range: None Given	27-115-6E
Fraction (1/4 1/4 1/4):	N2 N2 5W
Other changes: Initial statements:	
Changed to:	
Comments: <u>Legal description determine</u>	ed by projecting normal
Public Land Survey System o	
verification method: Latitude and longit	•
1:24,000 topo. map.	
	initials: ORL date: 6/2/2006

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.

LOCATION		
390 03 54, 119"	N	
960 451 25, 255"	"	
76 45, 03, 200	W	

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212 ID NO. <u>FP 96-20</u>

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number			
Col	unty: Ceary	1/4 1/4 1/4			E/W			
County: Jeary ¼ ¼ ¼ E/W Distance and direction from nearest town or city street address of well if located within city?								
2	WATER WELL OWNER: A+ R	DAVE TONES	yental Divisio					
	BR #. St. Address. Box #: レルフ	Herchan Ct.	Board of Agriculture Application Number	e, Division of Water Resour r:	rces			
3	AN "X" IN SECTION BOX:							
	N	WELL WAS USED AS:						
	NW NE	1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well						
w	E	3 Feedlot 4 Industrial	7 Domestic (Lawn & G8 Air Conditioning		i Well			
	SW SE	Was a chemical / bacteriolo	ogical sample submitted to De	epartment? Yes	No			
		if yes, mo/day/yr sample wa	If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No					
	S	Water Weil Distrilected.						
5	TYPE OF BLANK CASING USED:							
6	4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter in. in. Was casing pulled? Yes No If yes, how much If yes, how							
	Direction from well?	How many	y feet? 500					
	FROM TO P	LUGGING MATERIALS						
	D 3' Nat	in Gil						
	3' 30.6' Neat	ive Soil						
		3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
7	(mo/day/year)							
7/0//06 under the business name of								
by (signature)								
a	NSTRUCTIONS: Use typewriter or barnswers. Send top three copies to Karnswers.	nsas Department of Health	and Environment, Bureau	of Water, Geology Sect	ion, 1000 SW Jackson			
S	St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.							