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

(to rectify lacking or incorrect information)

Location listed as:	County: K.1eg Location changed to:
Section-Township-Range:	
Fraction (¼ ¼ ¼):	16-T11-6E SESESV
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: LEO, USGS Topo map	
	initials: 17 date: 14/14/09
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Coto: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jack	onstant Ave., Lawrence, KS 66047-3726

=96	46 1	4.657	7 WATER WELL PLUGGING RECORD FORM WWC-5P KSA 82a-1212 ID NO. WLF	94-
LOCA	ATION OF WAT	ER WELL:	Fraction Section Number Township Number Range	Number
unty:			14 14 14	E/M
stance and	d direction from	nearest town	or city street address of well if located within city?	
WATE	ER WELL OWN	IER: P. L	blic Works Environmental Division	
RR #, 5 City, S	St. Address, Bo tate, ZIP Code	» #: 40 : Et	When him court Board of Agriculture, Division of Water Resources Application Number:	
i	K WELL'S LOC		4 DEPTH OF WELL. B. Ba. St. St. TOC	
AN "X	" IN SECTION N	BOX:	WELL'S STATIC WATER LEVEL 72.9 ft. 10C	
			WELL WAS USED AS:	
N	w	NE	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	
			E 4 Industrial 8 Air Conditioning 12 Other	
s	w —	— SE ——	Was a chemical / bacteriological sample submitted to Department? Yes	
			If yes, mo/day/yr sample was submitted	
	S		Water Well Disinfected: Yes No	
TYPE	OF BLANK CA	ASING USED:	:	
1 Sts	el 3 RM	IP (SR) 5	Wrought 7 Fiberglass 9 Other (Specify below)	
1 Sts 2 PV	3 RM 6 4 AB	IP (SR) 5 S 6	Wrought 7 Fiberglass 9 Other (Specify below) 2 Asbestos-Cement 8 Concrete Tile	D
1 Str 2 PV Blank	2 3 RM C 4 ABS	IP (SR) 5 S 6 ter	Wrought 7 Fiberglass 9 Other (Specify below) Asbestos-Cement 8 Concrete Tile	D
1 Sta 2 PV Blank Casir	3 RM 4 AB 4 casing diameting height above	IP (SR) 5 S 6 ter	Wrought 7 Fiberglass 9 Other (Specify below) Asbestos-Cement 8 Concrete Tile	
1 Ste 2 PV Blank Casir GROU	3 RM 4 AB c casing diamet ng height above JT PLUG MATI Plug Intervals:	IP (SR) 5 S 6 ter	Wrought 7 Fiberglass 9 Other (Specify below) Asbestos-Cement 8 Concrete Tile n. Was casing pulled? Yes No If yes, how much 3.0	
1 Sts 2 PV Blank Casir GROU Grout What	3 RM 4 AB 4 casing diameting height above UT PLUG MATI Plug Intervals: is the nearest s	IP (SR) 5 S 6 ter	Wrought 7 Fiberglass 9 Other (Specify below) Asbestos-Cement 8 Concrete Tile n. Was casing pulled? Yes No If yes, how much 3.0	
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CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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 busiless pane of by (signature)

INSTRUCTIONS: Use the writer or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.