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

(to rectify lacking or incorrect information)

| | County: Wabaunsee | | | | | | | | | | |
|--|---------------------------------------|--|--|--|--|--|--|--|--|--|--|
| Location listed as: | Location changed to: | | | | | | | | | | |
| Section-Township-Range: None Given | 26-125-12E | | | | | | | | | | |
| Fraction (1/4 1/4 1/4): | 26-125-12E SE NE SE NE SW | | | | | | | | | | |
| Other changes: Initial statements: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Changed to: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Comments: | | | | | | | | | | | |
| | | | | | | | | | | | |
| verification method: Latitude and longitud | de, conversion tool on | | | | | | | | | | |
| verification method: Latitude and longitude KGS website, and mapping to | tool on KGS website. | | | | | | | | | | |
| | initials: date: | | | | | | | | | | |
| submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co | onstant Ave., Lawrence, KS 66047-3726 | | | | | | | | | | |

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

Forbes Missile Site S6

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. 56-MW-02

| 1 | LOCAT | ION OF WAT | TER WELL: | Fraction | | Section | Number | Township | Number | Range | Number |
|--|---|----------------|-------------------------------|-------------------------|--|------------------|--------------------------------|--------------------------|----------------------------|-----------------|-------------|
| County: Wabaywsee | | | | | | | | | | , | |
| Dist | ance and | direction from | n nearest town | or city street a | ddress of well if loo | ated within city | /? | | | | E/W |
| | 8°5 | 8'35. | 615" A | J 96 | 02'5 | 5.164 | "W | | | | |
| 2 | WATER | R WELL OWN | NER: Sand | eep me | ddress of well if loo POQ'59 ehta, US ECED | Army (| corp of | e Engi | nee(3 | | |
| | RR #, St | . Address, Bo | ox #:601 E | iath St | y MO | Board | d of Agriculture | , Division of W | ater Resourc | es | |
| | City, Sta | te, ZIP Code | Kans | | TH OF WELL | 2 1 1 2 12 1F F | | : | | | |
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | ' | | - | ft. | | | | |
| . [| | | | WE | WELL'S STATIC WATER LEVEL 46.6 ft. | | | | | | |
| | | | | WE | LL WAS USED AS | : | | | | | |
| - | NW | · | — NE —— | | 1 Domestic 2 Irrigation | | Water Supply eld Water Supp | | 9 Dewateri 10 Monitorin | _ | |
| w | | | | E | 3 Feedlot | 7 Dome | stic (Lawn & G | arden) | 11 Injection | Well | |
| " | | | | | 4 Industrial | | 3 | | 12 Other | | ••••• |
| - | sw | - | — SE —— | Was a cl | Was a chemical / bacteriological sample submitted to Department? Yes | | | | | | |
| | | | · | Water W | ell Disinfected: Y | esNo | \checkmark | | | | |
| | | S | | | | | | | | | |
| 5 | TYPE (| OF BLANK C | ASING USED: | | | | | | | | |
| | 1 Stee | | | Wrought Asbestos-Cem | 7 Fibergi | | ther (Specify be | | | | |
| | | | ter .2 in | | as çasing pulled? | | No | | ves how mu | ., 3′ | •••••• |
| | | | | surface | S6 | in. | 140 | " | yes, now mu | JII | |
| 6 | GROUT | PLUG MAT | | Neat cement | | | tonite 4 C | Other | | | |
| | | lug Intervals | | 54.2tt | to ft | ., From | ft. to |) ft., | From | to | ft. |
| | | | source of possi | | tion: | 11 Fuel | storago | 16 | Cthor (cno | oify bolow) | |
| 1 Septic tank2 Sewer lines | | | 7 Pile | rivy | 12 Ferti | lizer storage | | 16 Other (specify below) | | | |
| 3 Watertight sewer lines4 Lateral lines | | | 8 Sewage lagoon 9 Feedyard | | cticide storage ndoned water v | | | | | | |
| 5 Cess pool | | | 10 Live | stock pens | | vell/Gas well | | | | | |
| | Direction | on from well? | ·/\ | | How many | y feet?7 | <i>S C</i> | | | | |
| FROM TO PLU | | PLUGGING M | ATERIALS | | | | | | | | |
| 5 | 4.2 | 3 | Grou | + | | | | | | | |
| | 3 | 0 | Tops | ~ I | | | | | | | |
| | | | LOPS | C () | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | CONT | RACTOR'S | OF LANDOW | NER'S CERT | TIFICATION: This | s water well | was plugged | under mv iu | risdiction a | nd was con | npleted on |
| | (mo/da | y/year) | 5 /15 / | 06 | TIFICATION: Thi | and this | record is true | e to the best o | f my knowle | dge and beli | ief. Kansas |
| | 5. | /30/C | under | the business | name of | SACE | IIII3 VVA | | | | |

INSTRUCTIONS: Use typewriter 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.