

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

Location listed as:

Section-Township-Range: \_\_\_\_\_

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  ): \_\_\_\_\_

County: Douglas

Location ~~changed to~~:

29 - 12 S - 20 E

NW NE SE

Other changes: Initial statements: Jefferson County

Changed to: Douglas County

Comments: \_\_\_\_\_

verification method: written & legal descriptions, city street map, and mapping tool & aerial photos on KGS website.

initials: DRL date: 12/21/2005

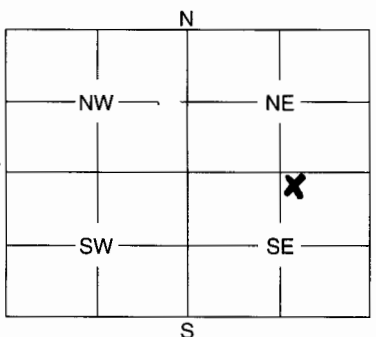
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <b>Jefferson</b>	<b>NW ¼ NE ¼ SE ¼</b>	<b>29</b>	<b>12 S</b>	<b>20</b> <b>(E/W)</b>

Distance and direction from nearest town or city street address of well if located within city?

**Corner of 9th and Oak St., Lawrence, KS**

2 WATER WELL OWNER: **FMC Corp.**  
**1735 Market St.**  
 RR #, St. Address, Box #: **Philadelphia, PA 19103**  
 City, State, ZIP Code : **Philadelphia, PA 19103**  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... <b>45.25</b> ..... ft. WELL'S STATIC WATER LEVEL ..... <b>17.5</b> ..... ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 <b>Monitoring Well</b> 11 Injection Well 12 Other .....
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Was a chemical / bacteriological sample submitted to Department? Yes ..... No ..... **X**.....  
 If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes ..... No ..... **X**.....

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	.....

Blank casing diameter **4** ..... in. Was casing pulled? Yes ..... No **X**..... If yes, how much .....

Casing height above or **below** land surface ..... **36"** ..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite  4 Other **Bentonite chips**.....

Grout Plug Intervals: From **45.25**ft. to **3.0** ft., From .....ft. to .....ft., From ..... to .....ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage
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
5 Cess pool	10 Livestock pens	15 Oil well/Gas well

16 Other (specify below) **Farm field**.....

Direction from well? ..... **N/A** ..... How many feet? ..... **N/A** .....

FROM	TO	PLUGGING MATERIALS
45.25	3.0	Bentonite chips
3.0	0	Top soil

MW-P-1

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **11-08-05** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **665** ..... This Water Well Record was completed on (mo/day/year) **11-10-05** ..... under the business name of **Pratt Well Environmental** .....

by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point 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.