

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: Geary

Location ~~changed to:~~

14-125-5E

NE NE SE

Other changes: Initial statements: Saline County

Changed to: Geary County

Comments: _____

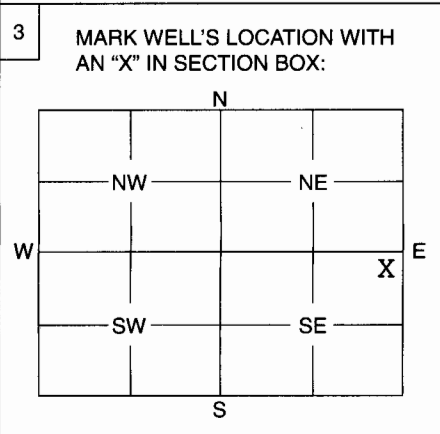
verification method: Legal description, well owner's address,
and Junction City 1:24,000 topo. map.

initials: ORD date: 10/14/2005

1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: **Saline** **NE¹/₄ NE¹/₄ SE¹/₄** **14** **12S** **5** **(EW)**

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

2 WATER WELL OWNER: **Amoco Oil Co.**
1128 S Washington St
 RR #, St. Address, Box #: **Junction City, KS 66441** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Junction City, KS 66441** Application Number:



4 DEPTH OF WELL **28.82** ft.
 WELL'S STATIC WATER LEVEL **29.15** ft.
 WELL WAS USED AS:
 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
 4 Industrial 8 Air Conditioning 12 Other

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:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
 2 **PVC** 4 ABS 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter **2** in. Was casing pulled? Yes **X** No If yes, how much **all**.....
 Casing height above or below land surface **0** in.

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

Grout Plug Intervals: From **2.0** ft. to **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 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage

Direction from well? **999** How many feet? **999**

FROM	TO	PLUGGING MATERIALS
20	0	Bentonite Chips

OW-4

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **8/08/05** 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) **8/15/05** 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.