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

County: Johnson

Location listed as:	**Location changed to:**
Section-Township-Range: 20-13S-20E	20-13S-22E
Fraction (¼ ¼ ¼):	SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Followed drillers directions from DeSoto on Johnson Co. Map

initials: E.P. date: 7/16/2004

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.

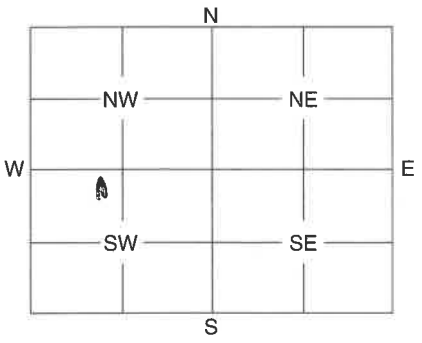
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. MW 2

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Johnson	SW ¼ NW ¼ ¼	20	13 S	20 E/W

Distance and direction from nearest town or city street address of well if located within city?
2 mile South of Desoto KS

2 WATER WELL OWNER: Army Operation Support Command Sunflower Army Ammunition Plant
RR #, St. Address, Box #: PO Box 640 Desoto KS
City, State, ZIP Code
Board of Agriculture, Division of Water Resources Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 10 ft.

WELL'S STATIC WATER LEVEL ..... 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 ✓
If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes ..... No ✓

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 ✓ No ..... If yes, how much .....
Casing height above or below land surface 2' in.

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

Grout Plug Intervals: From ..... ft. to ..... 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	.....
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	

Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
0	10	Bentonite Chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/23/03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 704 This Water Well Record was completed on (mo/day/year) ..... under the business name of MACC
by (signature) David Kurtz

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.