County: Lyon Fraction NENU Su Sec. 14 T 16 S R // (E/W
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) (to rectify lacking or incorrect information) Owner: Sacque Scott
Location was listed as: Location changed to:
Section-Township-Range: 14-165-3 = 14-165-1/ =
Section-Township-Range: $14-165-3$ $= 14-165-1/5$ Fraction ($\frac{1}{4}$ $\frac{1}{4}$): $14-165-1/5$ NE NW SW NE NW SW
Other changes: Initial statements:
Changed to:
Comments:
Verification method: Wellsite address, city street map, and mapping tool & aerial photos on KGS website. initials: DRA date: 10/30/2013
initials: Adate: 10/30/20/3 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.

Foreign Fore	WATER W	ELL PLUGGI	NG RECORD	Form WWC-5P	KSA 82	a-1212	ID NO.		
Act Committee	LOCAT	ION OF WAT	ER WELL:	Fraction	8 % 7 1/	1.4	1.		
WATER WELL OWNER: Jacque Scott RR#, St. Address, Box #: 319 E Irwin City, State, ZIP Code: Jola, KS 66749 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: A DEPTH OF WELL 9.50	Distance	and direction fr	om nearest tow	n or city street addres	s of well if	located within	city?		
RR#, St. Address, Box #: 319 E Irwin City, State, ZIP Code: Iola, KS 66749 MARK WELL'S LOCATON WITH AN *X" IN SECTION BOX: A Depth of Well 9.50 ft. MW5	229 E. 8	th St, Allen, KS							
City, State, ZIP Code: lola, KS 66749 Elevation: NA Data Collection Method: NA MWS WELL'S STATIC WATER LEVEL NA ft. WELL WAS USED AS: Poediot Poedicing of the Well of the Well Poedicing of the Wel	WATEI	R WELL OWN	ER: Jacque S						
Datum: NA Data Collection Method: NA Da	RR#,	St. Address, Bo	ox #: 319 E Irv						
MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: WELL WAS USED AS: 1 Domestic 5 Public Water Supply 10 Monitoring 11 Injection Well 12 Other 12 Other 13 Feedled 7 Domestic (Lawn & Garden) 12 Other 12 Other 13 Feedled 7 Domestic (Lawn & Garden) 12 Other 14 Industrial 18 Air Conditioning 15 Public Water Supply 10 Monitoring 11 Injection Well 12 Other 12 Other 15 Public Water Supply 10 Monitoring 12 Other 15 Public Water Supply 10 Monitoring 11 Injection Well 12 Other 12 Other 15 Public Water Supply 10 Monitoring 11 Injection Well 12 Other 15 Public Water Supply 10 Public Water Supply 10 Monitoring 11 Injection Well 12 Other 12 Other 15 Public Water Supply 12 Public Water Supply 12 Public Water Supply 12 Public Water Supply 13 Public Water Supply 14 Public Water Supply 14 Public Water Supply 15	Ci	ty, State, ZIP Co	ode: Iola, KS	Datum: NA					
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Was a chemical/bacteriological sample submitted to Department? Yes No X TYPE OF BLANK CASING USED: TYPE OF BLANK CASING USED: 1							lo	D	
Was a chemical/bacteriological sample submitted to Department? YesNo X TYPE OF BLANK CASING USED: 1 Steel		-NWNE		1					
A Industrial 8 Air Conditioning 12 Other Was a chemical/bacteriological sample submitted to Department? Yes No X_ TYPE OF BLANK CASING USED: 1 Steel 3 RMF (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 3ft Casing height above or below land surface NA in. GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soil: 0-3ft Grout Plug Intervals: From 3 ft. to 9.50 ft., From ft. to ft., From ft. 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 Direction from well? 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS 0 3 Soil Bentonite CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was mughted on (mo/day/year) 9/9/13 and this record is true to the best of my knowledge and belief. Kansas Water well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 9/23/13 under usiness name of Larsen and Associates, Inc. by (signature) STRUCTIONS: Please fill in blanks or circle the correct answers. Sent to three copies to language Tepartment of Health and maintenance and Raylong Section 1000 SW Jackson St., Ste, 420. Torseka, Kansas Volate Telephone:	W								
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