

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

(to rectify lacking or incorrect information)

County: Lyon

Location listed as:

Location changed to:

Section-Township-Range: 13-12-17

13-175-12E

Fraction (1/4 1/4 1/4): SE SE SE

SE SE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, Lyon Co. Rural Directory,
and Allen SE 1:24,000 topo. map.

initials: DRL date: 10/18/2004

BELOW Ford Dam #3

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	LYON	$\frac{S}{E} \frac{1}{4} \frac{S}{E} \frac{1}{4} \frac{S}{E} \frac{1}{4}$	13	12	17

Distance and direction from nearest town or city street address of well if located within city?
 2805 ROAD U 3 M-N (HWY) 170 ON RD LYON

2	WATER WELL OWNER:	DAVID GOLD	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #:	726 WATSON	Application Number:	
City, State, ZIP Code :	Emporia, MO 66801		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4	DEPTH OF WELL.....13.....ft.																														
			WELL'S STATIC WATER LEVEL.....2.....ft.																														
<table border="1"> <tr> <td></td> <td>N</td> <td>W</td> <td></td> <td>N</td> <td>E</td> </tr> <tr> <td>W</td> <td></td> <td></td> <td></td> <td></td> <td>E</td> </tr> <tr> <td></td> <td>S</td> <td>W</td> <td></td> <td>S</td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>S</td> </tr> </table>			N	W		N	E	W					E		S	W		S	E				X								S	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 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other.....	
	N	W		N	E																												
W					E																												
	S	W		S	E																												
			X																														
					S																												
		Was a chemical/bacteriological sample submitted to Department? Yes....No... <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted.....																															
		Water Well Disinfected: Yes..... No... <input checked="" type="checkbox"/>																															

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	...lime-stone.....
Blank casing diameter...3.6...in.		Was casing pulled? Yes... <input checked="" type="checkbox"/> No..... If yes, how much...5'.....		
Casing height above or below land surface...5'...60.in.				

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other.....
Grout Plug Intervals: From 4.5 ft. to 5 ft., From.....ft. to.....ft., From..... to.....ft.					
What is the nearest source of possible contamination: NA					
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	5	Top soil
5	13	UNKNOWN

RECEIVED
 SEP 16 2004
 BUREAU OF WATER

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)....9-9-04.... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.579..... This Water Well Record was completed on (mo/day/year)9-10-04.... under the business name of ...EBBERTS DRILLING..... by (signature)
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline as single or double as appropriate. Send this record to Kansas Department of Health and Environment.