

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 7-18-11

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

County: Lyon
Location changed to:

7-18-5-11E

SE SE SE

Other changes: Initial statements: Date: 11-11-07

Changed to: 11-11-06

Comments: _____

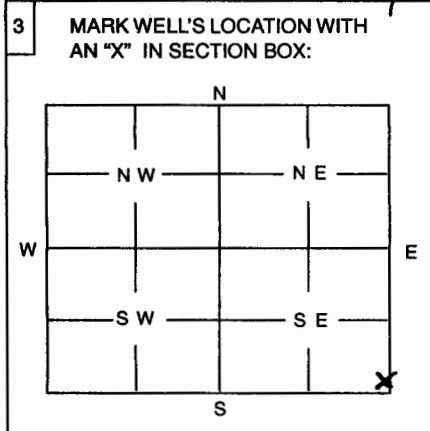
verification method: Legal description, well owner's address, area road map, position on plat map, and mapping tool & aerial photos on KGS website. initials: DRJ date: 8/14/2007

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.

1 LOCATION OF WATER/WELL: Fraction Section Number Township Number Range Number
 County: LYON SE 1/4 1/4 1/4 7 18 11

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

2 WATER WELL OWNER: Gale Huginsland
 RR #, St. Address, Box #: 786 Road 230 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Americus KS 66855 Application Number:



4 DEPTH OF WELL 29 ft
 WELL'S STATIC WATER LEVEL 1 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 X 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 ROCK

Blank casing diameter 3.6 in. Was casing pulled? Yes X No If yes, how much 5ft
 Casing height above or below land surface 60 in.

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

Grout Plug Intervals: From 5 ft. to 4.5 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? West How many feet? 50

FROM	TO	PLUGGING MATERIALS
29	28	Gravel
28	5	Subsoil
5	4.5	Bentonite
4.5	0	Top soil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-11-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of by (signature) Gale Huginsland

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.