CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4	1/4 1/4) Section-Township-Range changed:
listed as	25-T18-195-R9E
changed to	SE SE SE, 25-185-9E
Other changes: Ini	itial statements:
Changed to:	
Comments:	
verification method:	Legal description, personal knowledge, and
Plymouth	1:24,000 topo map initials: APL date: 12/22/2000
submitted by: Kansa	as Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726 to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

SE SESE

RECEIVED KONE

WATER WELL PLUGGING RECORD

one for your records.

Form WWC-5P

KSA 82a-1212

OCT 25 2000

1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number 2-91-81 county: Chase 1/4 1/4 1/4 istance and direction from nearest town or city street address of well if located within city? WATER WELL OWNER: Kingler Farms RR#, St. Address, Box #: R& Box 61 Board of Agriculture, Division of Water Resources City, State, ZIP Code : Emporia Ks. 66801 Application Number: DEPTH OF WELL. 2.7.ft. MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL.......ft. N WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 10 Monitoring Well 2 Irrigation 11 Injection Well In USE 3 Feedlot 7 Lawn and Garden Only Ε 4 Industrial 8 Air Conditioning Was a chemical/bacteriological sample submitted to Department? Yes...(N) ... ·S E٠ If yes, mo/day/yr sample was submitted..... × Water Well Disinfected: (Tes)..... No..... S TYPE OF BLANK CASING USED: 9 Other (specify below) Hand Dug 3 RMP (SR) 5 Wrought 7 Fiberglass 1 Steel 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Was casing pulled? Yes..... No..... If yes, how much..... Blank casing diameter....in. Casing height above or below land surface.....in. GROUT PLUG MATERIAL: 1 Neat cement (3) Bentonite 4 Other..... 2 Cement grout Grout Plug Intervals: (See attached) From.....ft. toft., From..... to.....ft. What is the nearest source of possible contamination: 16 Other (specify below) 1 Septic tank 6 Seepage pit 11 Fuel storage 2 Sewer lines 7 Pit privy 12 Fertilizer storage 8 Sewage lagoon 13 Insecticide storage 3 Watertight sewer lines 4 Lateral lines 14 Abandoned water well 9 Feedyard 15 Oil well/Gas well 5 Cess Pool 10 Livestock pens Direction from well? How many feet? FROM TO PLUGGING MATERIALS UNAPLE TO PROCURE Water Well Contractor's License No.

This Water Well Record was completed on (mo/day/year)

by (signature)

This Water Well Record was completed on (mo/day/year)

by (signature) INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 913/296-3565. Send one to Water Well Owner and retain