(to rectify lacking or incorrec	t information)
Location listed as:	County: Lyon Location changed to:
Section-Township-Range: 8-195-11E	8-195-11E
Fraction (1/4 1/4 1/4): SE NE' SW	NE NE SW SE
Other changes: Initial statements: Latitude: 1009.	.09
Longitude: 1322	. 89
Changed to: <u>Latitude</u> : 38,4078/9	23
Longitude: -96.2125	759
Comments: Values entered in latellong	
footages from SE corner of	·
verification method: Written & legal descriptions	, –
KGS' "LEO" conversion tool, and i	napping tool & aerial photos
on Kas website.	initials: Adate: 9/22/2009
and an interest how Warners Cools sized Survey Data Passaurass Library 1020 Co	

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

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.

KDHE Project code 03-056-00431

WATER WELL PLUGGING RE	CORD Form WWC	-5P KSA 82a-121	2 ID NO. 100	phe/missing			
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number				
County: Lyon	SE 1/4 NE 1/4 SWY	4 8	19	// EW			
County: Lyen SE 1/4 NE1/4 SW 1/4 B 1/9 1/1 ©W Distance and direction from nearest town or city street address of well if located within city?							
2 WATER WELL OWNER: Jim	O Emporia	- Kunsus	66801				
2 WATER WELL OWNER:	Shelherd	Global Positioning Syst Latitude: 100 9	tems (decimal degree	es, min. of 4 digits			
RR#, St. Address, Box #: 5+5 2508 City, State ZIP Code: Po Box	OIL + PROPER e	Latitude: 1007	1 C 1				
RR#, St. Address, Box #:	W. HWY 50	Longitude: 1322 Elevation: 1/38	. 66				
City, State ZIP Code: Po Box	1004	Datum:					
EmPori	2 KS 66801	Data Collection Method 9.7 ft.	SURVEY				
3 MARK WELL'S LOCATION	4 DEPTH OF WELL _	9.7 ft.	/				
WITH AN "X" IN SECTION	NUCLAR OF A TICANA	TER LEVEL 4-68	3 .				
BOX:	WELL'S STATIC WA	TER LEVEL 7.60	<u></u>				
	WELL WAS USED A	S:					
NW NE X							
4.8	1 Domestic	5 Public Water Supply					
w E \(\frac{1}{2} \)	2 Irrigation3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G					
SW SE S	4 Industrial	8 Air Conditioning	12 Other				
				\ <u> \</u>			
41	Was a chemical/bacter	iological sample submitted	to Department? Ye	sNo X			
Hw y 50 S 5 TYPE OF BLANK CASING USED							
	rought 7 Fiber	glass 9 Other (Specify below)				
		crete Tile					
2		/					
Blank casing diameter in. V Casing height above or below land su	Vas casing pulled? Yes	No If yes,	how much				
Casing height above of below faild su	11ace III.						
6 GROUT PLUG MATERIAL:	1 Neat cement 2 Ceme	ent grout 3 Bentonit	e 4 Other				
Grout Plug Intervals: From	ft to $G.7$ ft From	n ft to	ft From	to ft			
Grout Flug mervals. From	_ nt to nt., nor	nn. to		to n.			
What is the nearest source of possible							
1 Septic tank 6 Seepa			cify below)				
2 Sewer lines 7 Pit priv 3 Watertight sewer lines 8 Sewag	yy 12 Fertilizer s te lagoon 13 Insecticide						
4 Lateral lines 9 Feedy			from well?	in			
5 Cess pool 10 Livest		as well How many	feet?/50				
EDOM TO DIVISION	INC MATERIAL C	EDOM TO	DITICOPIO	TEDIALC			
		FROM TO	PLUGGING MA	TERIALS			
O 9.7' Bentonin	re Chips						
A STATE OF THE STA							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was							
completed on (mo/day/year) 3/5/0	and this recor	d is true to the best of m		1			
Well Contractor's License No. NA		cord was completed on (m by (signature)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	under the			
: Ousiness name Of 12', 12 171.			111				
business name of Tank Manageme	n1 Jervices	- Mary	111				
INSTRUCTIONS: Use typewriter or bal	point pen. Please press firm	ly and print clearly. Pleas					
/	lpoint pen. Please press firm Kansas Department of Health	ly and print clearly. Pleas and Environment, Bureau	u of Water, Geology	Section, 1000 SW			

		•	· · · · · · · · · · · · · · · · · · ·			
Amended Report		State of Kansa Site I.D. Forn		teres established		
a. County:	in the second of	ng kuga pakalan di kacamatan	b. Site I.D. numb	per: 00345178		
c. Owner Name:	es Dil and	Propane Co	ompanu			
d. Owner Address:	loole W HWW	50 City Fi	State KS	Zip Code // 201		
e. This site is located at	(66 characters max.)	2606 W H	WU 50 Empar	ris KS		
f. Encoded Owner Nam		ERVICE	g. Well (site) Nui	196		
h. Encoding Scheme (Circle only one number): 1. If city owned, enter the first 11 letters of the city name (leave a blank space between words if more than one word is used). 2. If County owned, enter the first 11 letters of the county name ("Pottawatomi," for Pottawatomie) or abbreviate when it is necessary to show the type of site ("AL San Lndf," for Alien County Sanitary Landfill). 3. If business owned, write the first 11 letters of the business name (include RWDs, e.g., SN RWD1, for Shawnee Co. RWD 1). 4. If owned by an individual, enter the first 8 letters of the last name, a comma, and the first 2 letters of the first name. 5. If none of the above apply, encode the owner name in the most meaningful manner possible and explain procedure in item y.						
i. This well (site) is in Sec. 2, Twn. 19, Rng. // (circle one) W. From the (circle one) NE/SW/SE) NW corner of this section, this site is 1009.09 ft (circle one) S and /322.89 ft (circle one) E(W) and is in the SE 1/4 of the NE 1/4 of the SE 1/4.						
j. Measurement Method 1. Legal Survey 6. Hand Wheel	Used (circle only one n 2. Absolute Survey 7. USGS 7.5' Topomap	umber): 3. GPS Survey 8. County Road Map	4. Technical Survey 9. Other:	5. Compass & Chain		
k. Measured By:		tson . M	of (kk.) LL (Agency), Tr. Terra (Bureau).		
I. The tag is attached to	the J-plug		, (II.) using	able tie .		
m. Water Source (circle 1. Well 6. Ditch / Canal	2. Spring 7. Storm Runoff	3. Pit 8. Treated Water (Distribution	4. Lake / Pond on System)	5. Stream / River 9. Waste water		
n. Use(s) of Water (circle		O Facility	A to directal at	F. D. May Donal		
Domestic Oil Field Water Supply Il. Injection Well	Irrigation 7.Lawn and Garden Only 12. Artificial Recharge	Feedlot Air Conditioning Recreation	4. Industrial 9. Dewatering 14. Other (Specify):	5. Public Water Supply 10. Monitoring Well Only		
o. Type of Casing (circl 1. Steel 6. Asbestos Cement	e only one number): 2. PVC 7. Fiberglass	3. RMP (SR) 8. Concrete Tile	4. ABS 9. Other (specify or write "UNI	5. Wrought Iron fit unknown):		
p. Form Completed By:	McJaniel lest name	, S first init.		gency),(Bureau).		
q. Your Work Phone Nu		33- <u>1414</u>	qq. Date: 12	- 05 - 01 dd - W		
r. Program Code: EP ER EE EU PU PC PT PE	EL (ET) EJ PD PV PI WI WE	SC SG SN PP HL HD HF		ES AR KC GS US		
s. Project Code: U	3-056	-431B				
Optional fivall numba	r codec": Consultant Co	da and / an /C\ball	ow (Untermediate or (D))	•••		

Comments:

.56 ft. above below ground elevation. w. TOC Elevation: //38.32ft.

xx. Is this a replacement well (circle one)? Yes No

I. Well Depth (TOC to TD): 29 .44 ft. v. TOC is 0

. DWR File Number:



