## CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 35-20-4E

Fraction ( 1/4 1/4 1/4): SW SW

Other changes: Initial statements:

Comments:

verification method: Notticalion from well burner, Laverne Goering

initials: Declare: 6/9/2011

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			ection Number	Township Number		Range Number	
County:	ario	n	Sw <sup>1/4</sup> S	W145 x 1/4		35-	9	0	4E
Distance a	nd directi	on from near				dress of well if	located	within city?	
2 WATER W	ELL OWNER:	Laver	ME	Goerl 3695	ng				
RR#, St. A City, Stat	ddress, Bo e, ZIP Coo	ox #: 680 le : Vei	uton	Ks. 6	7114	Appenduction in	culture, umber:	Division of N	Water Resources
3 MARK WE AN "X"	LL'S LOCAT IN SECTION N	TION WITH	4 DEPT	H OF WELL		85 VEL. 37	ft.		
			WELL	WAS USED AS:					
w	w	N E	2	Domestic Irrigation Feedlot Industrial	6 C	Public Water Supp Dil Field Water S .awn and Garden C Air Conditioning	Supply Only	9 Dewatering 10 Monitoring 11 Injection 12 Other	g Well Well
Was a chemical/bacteriological sample submitted to Department? YesNo.									
X	s		Water	Well Disinfec	ted:	Yes No			
5 TYPE OF	BLANK CAS	SING USED:							
1 Steel 2 PVC	3 RMP ( 4 ABS		ught estos-Ceme	7 Fiber nt 8 Concr			(specify	below)	
Blank o Casing	asing diam height abo	neter. 5-3 ove or below	in. land surf	Was casing ace	pulle	ed? Yesin.	No		much Apprex
		AL: 1 Neat		2 Cement gro					
						romft. to	of	t., From	toft.
		est source o	•	contaminatio		Fuel storage		16 Other (sp	ecify helow)
2 Sev 3 Wat 4 Lat	otic tank Her lines Hertight se Heral lines Hs Pool	\$	7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens			Fertilizer storag Insecticide stora Abandoned water w Dil well/Gas wel	well l		
Directi	on from we	ell?			How	many feet?	ne V	vithin	4 mi
FROM	TO	PLI	JGGING MAT	ERIALS					
0	3	top S	oil						
3	25		nite	Hole Plu	3				
25	35	Clay			-				
35	X5	Grav	21						
⊢ on (mo, Water <u>ا</u>	day/year)	ANDOWNER'S  actor's Lice	// nse No	and this reco	ord is	s true to the be	st of my Record <u>k</u>	knowledge an was completed	and was completed d belief. Kansas on (mo/day/year)
خلان وحدد الم	10/10 11			DI-		1 1 1 1		CII: 11 1	1. 1.

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.