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

(to rectify lacking or incorrect information)

Location listed as:	Location changed to:
Section-Township-Range: None Given	9-205-4E
Fraction (1/4 1/4 1/4):	C 52 SE
Other changes: Initial statements:	
Changed to:	
Comments:	
	·····
verification method: Written description, u	vell owner's address, area
street map on internet, Marion Con	nty Late map, and
Lincolnville SW 1:24,000 topo. m	initials: DRL date: 5/18/2005

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.

WATER WELL PLUGGING RECORD FORM WWC-5P KSA 82a-1212									
				Lo	+ 4 Sc			Subdivision	
1 LOCATION	OF WATER	WELL:	Fraction		tion Number	Township I	Number	Range Number	
County: Ma	rion		14 1/4 1/4	•		1			
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: Ida Jean Manles									
RR #, St. Address, Box #: #5 Back Bay C7 City, State, ZIP Code : Marion Ks 6686/ Application Number: Board of Agriculture, Division of Water Resources Application Number:									
	ELL'S LOCATI	ON WITH	•	4 DEP	TH OF WELL	48			
	N			WEL	L'S STATIC WA	TER LEVEL	18 ft.		
I NW		NE.	7	WEL	L WAS USED A	as:			
w		X	E	1 Domestic 5 Public Water 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well					
sw_	3 Feedlot 7 Lawn and Garden Only 11 Injection Well SW SE 4 Industrial 8 Air Conditioning 12 Other								
								to Department? Y N	
	s			Water W	ell Disinfected:	Y	N		
5 TYPE OF BLANK CASING USED:									
1 Steel	3 RMP	5 Wroug		7 Fiber		ther (specify b			
2 PVC	4 ABS	_	tos-Cement						
Blank casir Casing hei	ng diameter . ght above or	∂ in. below Land	Was casing surface	g pulled?	Yes No. in.	, If yes, ho	w much? .		
6 GROUT PI	LUG MATER	IAL: 1 No	eat cement	X 2 C	ement grout	3 Bentonite	4 Otl	her	
Grout Plug	Intervals:	From	ft. To	ft.,	From ft	. To ft.,	From .	ft. fo Ft.	
What is the	e nearest sou	rce of poss							
	ptic tank wer Lines		6 Seepage 7 Pit privy	e pit	11 Fuel storage 12 Fertilizer sto			(specify below)	
3 Wa	tertight sewe	r lines	8 Sewage		13 Insecticide s	storage			
	eral Lines ss Pool		9 Feed yar 10 Livestock		14 abandoned 15 Oil well/Gas				
	rom well?	nes:				many feet?	6		
FROM	/\bar{\dagger}{\dagger}		PLUGGIN	G MATEI	RIALS				
18	48		ent		2				
	1.0		,,						
7 CONTRAC	TOR'S OR I	ANDOWN	FR'S CERTI	FICATIO	N· This water w	vell was plugge	ed under m	ny jurisdiction and	
ZI CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and Was completed on (mo/day/year) 2/2/2 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)									
By (signature) Under the business name of									
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or									
circle the correct answers. Send 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.									