

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

(to rectify lacking or incorrect information)

County: Butler

Location listed as:

Location changed to:

Section-Township-Range: 25-24-25S-5-6E

25-24S-5E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SW NE NE

NE SW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, phone call to well contractor, and mapping tool & aerial photos on KGS website.

initials: DRL date: 11/8/2006

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: BUTLER	SW 1/4 NE 1/4 NE 1/4	LINGLIN	25	24-25S		5-6E	E/W																											
Distance and direction from nearest town or city street address of well if located within city? 1/2 E OF 77 ON 85TH NE 1/2 SOUTH																																			
2	WATER WELL OWNER: UPPER WALNUT WATER SHED JOINT DISTRICT #3																																		
RR #, St. Address, Box #:				Board of Agriculture, Division of Water Resources																															
City, State, ZIP Code: ELDORADO, 67042				Application Number:																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL 2' ft. UNKNOWN WELL PLUGGED																															
<div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 150px; border-collapse: collapse;"> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> </table> <div style="text-align: center;">S</div>			NW	NE	SW	SE	WELL'S STATIC WATER LEVEL 0 ft. MOSTLY WITH TREE ROOTS																												
			NW	NE																															
			SW	SE																															
			WELL WAS USED AS:																																
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Was a chemical / bacteriological sample submitted to Department? Yes No X																																			
If yes, mo/day/yr sample was submitted																																			
Water Well Disinfected: Yes No X																																			
5	TYPE OF BLANK CASING USED:																																		
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Blank casing diameter in. Was casing pulled? Yes No If yes, how much																																			
Casing height above or below land surface in.																																			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																																		
Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.																																			
What is the nearest source of possible contamination:																																			
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Direction from well? How many feet?																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>2'</td> <td>0'</td> <td>BENTONITE</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>									FROM	TO	PLUGGING MATERIALS	2'	0'	BENTONITE																					
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<div style="float: right; width: 40%;"> TREE ROOTS PLUGGING WELL AS WELL AS ALREADY FILLED IN. </div>																																			
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/14/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 699 . This Water Well Record was completed on (mo/day/year) under the business name of FLINT HILLS WINDMILL AND PUMP SERVICE by (signature) <i>[Signature]</i>																																		
INSTRUCTIONS: Use type writer 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.																																			