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

(to rectify lacking or incorrect information)

Location listed as:	County: Sedawich Location changed to:
Section-Township-Range: 27-1E	27-275-/E SE NE SE
Fraction (1/4 1/4 1/4): SW SW SW	SE NE SE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Well address, city mapping tool on HGS websit	street map, and
mapping tool on KGS websit	e ODI
	initials: DRL date: <u>//24/2008</u>

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 RECOR	RD Form WWC-5P KSA	82a-1212 ID NO. —	
1 LOCATION OF WATER WELL:	Fraction 5 11/4 5 11/4 5 11/4	Section Number	Township Number	Range Number
Distance and direction from nearest town or	city street address of well if loo	ated within city?	-	
2 WATER WELL OWNER: 7033 RR #, St. Address, Box #: 3033 City, State, ZIP Code : w.i.k.	Nyquist Alona Ito Ko 672	Board of Agriculture, Application Number:	Division of Water Resource	es
	WELL'S STATIC WATER WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial Was a chemical / bacterio If yes, mo/day/yr sample Water Well Disinfected: Yes rought 7 Fibergla sbestos-Cement 8 Concret Was casing pulled? surface 2.2.	5 Public Water Supp 6 Oil Field Water Supp 7 Domestic (Lawn & Air Conditioning blogical sample submitted was submitted	pply 10 Monit (Garden) 11 Injecti 12 Other d to Department?Yes	oring Well ion Well
1 1	eat cement		Otherft., From 16 Other (s	to ft
2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool Direction from well?	7 Pit privy 8 Sewage lagoon 9 Feedyard 100 Livestock pens How many	12 Fertilizer storag 13 Insecticide stora 14 Abandoned wate 15 Oil well/Gas wel	age er well	
	GGING MATERIALS			
25 0 Cama	nt grout			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) inder the business name of 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.