

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

Location listed as:

Section-Township-Range: None Given

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

County: Sedgwick

Location changed to:

22-27S-2E

NW NW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: This is one of two wells plugged at a house at 430

Jackson Heights, Wichita, one well in the yard, and this one in the
mechanical room of the garage.

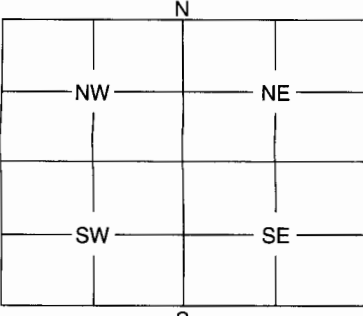
verification method: Phone call to contractor, well address, city street
map, and Andover 1:24,000 topo. map.

initials: ORL date: 11/14/2005

1	LOCATION OF WATER WELL:	Fraction 1/4 1/4 1/4	Section Number	Township Number	Range Number
County:		E/W			

Distance and direction from nearest town or city street address of well if located within city?

2	WATER WELL OWNER: <i>Prairie State Bank. 512 State St. Augusta Mo 67010</i>
Well	RR #, St. Address, Box #: <i>430 Jackson High</i> City, State, ZIP Code: <i>White Mo 67208</i> Board of Agriculture, Division of Water Resources Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4	DEPTH OF WELL <i>63</i> ft. WELL'S STATIC WATER LEVEL <i>37</i> ft. WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <i>Abandoned</i></td> </tr> </table> Was a chemical / bacteriological sample submitted to Department? Yes No <i>X</i> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <i>✓</i> No	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other <i>Abandoned</i>
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5	TYPE OF BLANK CASING USED: <table border="0"> <tr> <td><i>1 Steel</i></td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><i>2 PVC</i></td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> Blank casing diameter <i>6"</i> in. Was casing pulled? Yes No <i>X</i> If yes, how much Casing height above or below land surface in. <i>EVEN WITH CEMENT FLOOR</i>	<i>1 Steel</i>	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<i>2 PVC</i>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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6	GROUT PLUG MATERIAL: 1 Neat cement <i>ⓐ</i> Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From <i>Top</i> ft. to <i>Bottom</i> ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: <table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? How many feet?	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess pool	10 Livestock pens	15 Oil well/Gas well	
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FROM	TO	PLUGGING MATERIALS

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>9-13-05</i> 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) <i>Justin [Signature]</i> under the business name of <i>Superior Pkgs</i>
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INSTRUCTIONS: Use typewriter 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.