| . ,         | RECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information) |   |  |  |  |  |  |
|-------------|---|---|--|--|--|--|--|
|             | County: Montgon   | 6 |  |  |  |  |  |
|             | Location changed to:  | _ |  |  |  |  |  |
| 33-3411-16F | 33-345-11   | _ |  |  |  |  |  |

Location listed as:

verification method: Written & legal descriptions, original construction

verification method: Written & legal descriptions, original construction

record for this well, and Coffey ville West 1:24,000 topo.

map.

initials: OPL date: 10/31/2005

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 F                   | PLUGGING RI            | ECORD F         | orm WWC-5P                        | KSA 82a-         | 1212 ID N              | 10. MW-            | 26          |
|--|--------------------------------|------------------------|-----------------|-----------------------------------|------------------|------------------------|--------------------|-------------|
| 1 LOCATION OF WATER WELL:  | Fraction                       | NW                     | Section         | Number                            | Township         | Number                 | Range              | Number      |
| County: Montgone &   | 1/4 1/4                        | 1/4                    | 33              |                                   | 34               | N                      | R16                | · •         |
| Distance and direction from nearest town   | or city street address         | of well if loca        | ated within cit | y?                                |                  |                        |                    |             |
| LNgle 4000 + 1 St Cof  2 WATER WELL OWNER: The W   |                                | <b>し</b> 。             |                 |                                   |                  |                        |                    |             |
| RR #, St. Address, Box #:  |                                | 0-48-0                 | C Boar          | rd of Agricultur                  | e, Division of V | Vater Resour           | CAS.               |             |
| City, State, ZIP Code : Tuls A   | OK. 74                         | 172                    | Appl            | ication Numbe                     |                  | vater riesour          |                    |             |
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:   | 4 DEPTH C                      | F WELL                 | 13.80           | ) ft.                             |                  |                        |                    |             |
| N  | WELL'S S                       | STATIC WATE            | R LEVEL         | ft.                               |                  |                        |                    |             |
|  | WELL WA                        | AS USED AS:            |                 |                                   |                  |                        |                    |             |
| NW NE  |                                | omestic<br>igation     |                 | Water Supply<br>eld Water Sup     |                  | 9 Dewater<br>Monitorii |                    |             |
| w  | _ 3 Fe                         | edlot<br>dustrial      | 7 Dome          | estic (Lawn & Conditioning        |                  | 11 Injection           |                    |             |
|  |                                |                        |                 |                                   |                  |                        |                    | •••••       |
| X SW SE  | Was a chemic<br>If yes, mo/day |                        |                 |                                   |                  | S                      | NO                 |             |
|  | Water Well Dis                 | sinfected: Ye          | s               | o                                 |                  |                        |                    |             |
| S TYPE OF BLANK CASING HOFE  | <u> </u>                       |                        |                 |                                   |                  |                        |                    |             |
| TYPE OF BLANK CASING USED:   |                                | 7.50                   |                 |                                   |                  |                        |                    |             |
|  | Wrought<br>Asbestos-Cement     | 7 Fibergla<br>8 Concre |                 | other (Specify b                  | pelow)           |                        |                    |             |
| Blank casing diameter in   |                                | sing pulled?           | Yes <b>X</b>    | No .                              | If               | yes, how mu            | ıch <b>.A.//</b> . |             |
| Casing height above or below land  |                                |                        |                 |                                   | O.1.             |                        |                    |             |
| v l  |                                | Cement grou            |                 |                                   | Other ft.        |                        |                    | <br>> f     |
| What is the nearest source of possi  | ble contamination:             |                        |                 |                                   |                  |                        |                    |             |
| <ul><li>1 Septic tank</li><li>2 Sewer lines</li></ul>  | 6 Seepage  <br>7 Pit privy     | pit                    |                 | l storage<br>tilizer storage      |                  | 6 Other (spe           | ecify below)       |             |
| 3 Watertight sewer lines   | 8 Sewage la                    | agoon                  | 13 Inse         | ecticide storage<br>andoned water | 9                |                        |                    |             |
| 4 Lateral lines<br>5 Cess pool   | 9 Feedyard<br>10 Livestock     | pens                   |                 | well/Gas well                     | Weii             |                        |                    |             |
| Direction from well?   |                                | How many               | feet?           |                                   |                  |                        |                    |             |
| FROM TO  | PLUGGING MATER                 | RIALS                  |                 |                                   |                  |                        |                    |             |
| 13.8' D' PORTA   | ud Cemer                       | 11+                    |                 |                                   |                  |                        |                    |             |
| 1310 / 1001/11   | VU LEME                        | <b>~</b> /             |                 |                                   |                  |                        |                    |             |
|  |                                |                        |                 |                                   |                  |                        |                    |             |
|  |                                |                        |                 |                                   |                  |                        |                    |             |
|  |                                |                        |                 |                                   |                  |                        |                    |             |
|  |                                |                        |                 |                                   |                  |                        |                    |             |
|  |                                |                        |                 |                                   |                  |                        |                    |             |
| 7 CONTRACTOR'S OF LANDOW (mo/day/year)   |                                |                        | and th          | is record is tru                  | e to the best    | of my knowle           | edge and bel       | lief Kansas |
| Water Well Contractor's License No under by (signature)  |                                |                        |                 |                                   | DRillia          |                        |                    |             |
| S. Collet  |                                |                        |                 |                                   |                  |                        |                    |             |
| INSTRUCTIONS: Use typewriter or banswers. Send top three copies to Kast., Ste. 420, Topeka, Kansas 66612 | ansas Department               | of Health a            | nd Environm     | nent, Bureau                      | of Water, Ge     | ology Section          | on, 1000 SV        | V Jackson   |