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

(to rectify lacking or incorrect information) (sove County: Location listed as: Location changed to: Section-Township-Range: 28 - 29 - 11 W Fraction (¼ ¼ ¼): ______ SW_NW_SW_ Other changes: Initial statements: Changed to: Comments: Tourship and Range Switched verification method: Written location, county maps initials: 14 date: 6/30/06

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 R	ECORD Form WWC-5P	KSA 82a-1212 ID N	10	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Co	unty: GOVE	SW NW SW4	28	29	l // E/W	
Distance and direction from nearest town or city street address of well if located within city?						
No le Mondolet						
WATER WELL OWNER: DOUG 17 WWW 1000 A Agriculture, Division of Water Resources RR #, St. Address, Box #: 2699 County Road A Board of Agriculture, Division of Water Resources						
	City, State, ZIP Code : Grainfield KS 67737 Application Number:					
3	MARK WELL'S LOCATION WITH	4 DEPTH OF WELL				
	AN "X" IN SECTION BOX:	WELL'S STATIC WATE	R LEVEL #			
		WELL WAS USED AS:				
	NW NE	1 Domestic	5 Public Water Supply	9 Dewater		
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G	arden) 11 Injection	Well	
W	E	4 Industrial	8 Air Conditioning	12 Other		
	SW SE	Was a chemical / bacteriological sample submitted to Department? Yes				
		Water Well Disinfected: Ye				
	S	Water Well Bisinicolou.				
5	TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter in. Was casing pulled? Yes No If yes, how much						
Casing height above or below land surface in.						
6						
	Grout Plug Intervals: From ft. to ft., From ft., From ft., From ft. what is the nearest source of possible contamination:					
	1 Septic tank 6 Seepage pit 11 Fuel storage 16 Qther (specify below)				ecify below)	
2 Sewer lines3 Watertight sewer lines		7 Pit privy8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage	MOV	<u>C</u>	
	4 Lateral lines 5 Cess pool	9 Feedyard 10 Livestock pens	14 Abandoned water v 15 Oil well/Gas well	well		
Direction from well?						
FROM TO PLUGGING MATERIALS						
	O ZO CONTINE					
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7	CONTRACTOR'S OF LANDOWN	ED'S CERTIFICATION. This	water well was alwass	under my juricelistics	and was sampleted se	
(mo/day/year)						
	Male Even Contractor's License No					
	by (signature)					
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.					