(to rectify lacking or incorrect information)

Location listed as:	County: Wa//ace Location changed to:
Section-Township-Range: 3-/3-4/	3-135-4/W
Fraction (1/4 1/4 1/4):	NW NE NE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Written & legal description and Sharon Springs West 1:24,	
and sharon springs west 1.27,	initials: ARL date: 10/18/2004

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				
1	volled		NE1/4 1/4	1/4	2	<u> </u>	711			
	and direct			street 2 W	eat 3 Novi	located within gity?				
	WELL OWNER		E Smit!				-			
	Address, B te, ZIP Co	ox #: 695 de : 500	voir Springe	CUS	Application No		Water Resources			
	ELL'S LOCA IN SECTIO	TION WITH	4 DEPTH OF WE		.27:7"					
	AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL. 1.1. 7.1ft.									
		*	WELL WAS US	ED AS:						
N	` u	N E	1 Domest 2 Irriga 3 Feedlo	tion	5 Public Water Supp 6 Oil Field Water S 7 Lawn and Garden G	Supply 10 Monitorin	g Well			
W .			E 4 Indust		8 Air Conditioning	12 Other	och Girdmi			
s	Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted									
	s		Water Well Di	sinfect	ed: YesX No	••••				
5 TYPE O	BLANK CA	SING USED:								
1 Stee 2 PVC	/ 400	(SR) 5 Wro	ught 7 estos-Cement 8	Fiberg	lass 9 Other ((specify below)				
Plank A	4 ABS	5 /1	estos-cement 8	Loncre	te lile	us X If was how t	much			
Casing	height ab	ove or below	land surface. 3	J L	ordin.	No. X. If yes, how r	indella a a a a a a a a a a a a a a a a a a			
6 GROUT I	PLUG MATER	INT: Neat	cement 2 Jemei	nt grou	t 3 Bentonite	4 Utner	• • • • • • • • • • • • • • • • • • • •			
Grout I	Grout Plug Intervals: From. 6ft. to. 7.0ft., Fromft. toft., From toft.									
What is	s the near	est source o	f possible contam	ination	:					
1 Septic tank 6 Seepage pit 2 Sewer lines 7 Pit privy 3 Watertight sewer lines 8 Sewage lagoon 4 Lateral lines 9 Feedyard 5 Cess Pool 10 Livestock pens				- (11 Fuel storage 16 Other (specify below) 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well					
Directi	ion from w	ell?	•••••	1	How many feet?	• • • • • • • • • • • • • • • • • • • •				
FROM	то	PLU	JGGING MATERIALS							
270	14'	San	d							
141	61	Sox	<u> </u>			RECEIVE	<u> </u>			
6	30	CEM	ant			RECEIVE	3			
	····			17-3		SEP 1 0 200	4			
						BUREAU OF WA	TER			
					_					
⊢ on (mo	/day/year1		and this	e recer	d is true to the hes	nder my jurisdiction a st of my knowledge an Record was completed	d haliaf Kancac			
by (sig	nature) .	<u>(۲.አ./</u> ৫%	18		•••••					
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle										

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.