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

Location listed as:	County: Wichita Location changed to:
Section-Township-Range: 33-17-35	33-175-35W
Fraction ( 1/4 1/4): None Given	NW NW SW
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Legal description, pos	ition on plat map, WIMAS
water rights record, and mapp	ing tool # aerial puotos
submitted by: Kansas Geological Survey, Data Resources Library, 1930 C	

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

Distance and direction from nearest town or city street address of well if located within city?  WATER WELL OWNER:  RR#, St. Address, Box #:	ATER WI	ELL PLU	GGING RE	CORD	Form WW	C-5P	KSA 82a-	1212 ID	NO.			
Distance and direction from nearest town or city street address of well if located within city?  WATER WELL OWNER:  RKR, St. Address, Box # GRAP   St.   RKR, St. Address, Box # GRAP   RKR, St. Address   RKR, St. Address, Box # GRAP   RKR, St. Address, Box # GRAP   RKR, St. Address   RKR, St. Ad	County: L	NICE	21TA		1/4 1/4	1/4	3 <b>3</b>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Range Number		
RR#, St. Address, Box #: LAFTER LOGITUDE City, State ZIP Code LAFTER LOGITUDE CITY, State ZIP Code LAFTER LOGITUDE CITY, State ZIP Code LAFTER LOGITUDE CITY COME LINE CITY CONTROL OF CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This Water well was plugged under my jurisdiction and was pipted on (mo/day/year)  FROM TO PLUGGING MATERIALS  F	Distance and direction from nearest town or city street address of well if located within city?											
RRF, St. Address, Box # RPM Box	WATER V	VELL OW	NER:									
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:    WELL WAS USED AS:	RR#, St. A	ddress, Box	#: gare	2 2 B	EINER	Latitude Longitu	e: de:					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  WELL WAS USED AS:  WELL WAS USED AS:  1 Domestic 5 Public Water Supply 9 Dewatering 10 Infrigation 6 oil Field Water Supply 19 Dewatering 10 Infrigation 6 oil Field Water Supply 10 Monitoring 12 Other 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other 12 Other 13 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  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 14 in. Was casing pulled? Yes No If yes, how much 3 F  Casing height above or below land surface 3 F  Grout Plug Intervals: From 147 ft. to 3 ft., From 3 ft. to 1 ft., From 6 to 3 ft.  What is the nearest source of possible contamination:  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 Coses pool 10 Livestock pens 15 Oil well/Gas well FROM TO PLUGGING MATERIALS F	City State	ZIP Code: A	RRHI	Box B		Elevation	on:					
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WELL'S STATIC WATER LEVEL OF R  WELL WAS USED AS:    Domestic   5 Public Water Supply   10 Monitoring   10 Monitoring   12 Other   12 Other   13 Feedlot   14 Industrial   8 Air Conditioning   12 Other   12 Other   12 Other   13 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (Specify below)   12 Other   14 Industrial   8 Air Conditioning   12 Other   15 Other   15 Other   16 Other (Specify below)   16 Other   17 Fiberglass   9 Other (Specify below)   17 Fiberglass   9 Other (Specify below)   18 Other   19 Other				4 DEF	TH OF WELL	197	7 ft.					
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Domestic   S Public Water Supply   9 Dewatering   1 Domestic   1 Dom		N		WE	LL WAS USED	AS:						
Second Plug Intervals:   From 147 ft. to 30 ft.   From 20 ft. to 10 ft.   From 40 ft.	NW	N	1E				c Water Supp	oly	9 Dewat	ering		
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Was a chemical/bacteriological sample submitted to Department? YesNo												
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)									s No 🗲			
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)	TVDE OF	S	ACINC LICED.						· · · · · · · · · · · · · · · · · · ·			
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STRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the	usiness name of ones contain by (signature) (I) attender.											
						mly and pri	nt clearly. Pl	ease fill in h	lanks, under	line or circle the		

records. Visit us at http://www.kdheks.gov/geo/waterwells.



Signature of Well Owner

Please submit to: Kansas Department of Health & Environment Bureau of Water - Geology Section 1000 S. W. Jackson Street, Suite 420 Topeka, Kansas 66612-1367

## INACTIVE WATER WELL REQUEST FORM WWC-6 KSA

In accordance with K.A.R. 28-30-7, Landowners may obtain the department's written approval to maintain wells in an inactive status rather than being plugged if the landowner can present evidence to the department as to the condition of the well and as to the landowner's intentions to use the well in the future. As evidence of intentions, the owner shall be responsible for properly maintaining the well in such a way that:

The well and the annular space between the hole and the casing shall have no defects that will permit the entrance of surface water or vertical movement of subsurface water into the well;

The well is clearly marked and is not a safety hazard;

- The top of the well is securely capped in a watertight manner and is adequately maintained in such a manner as to prevent easy entry by other than the landowner; The area surrounding the well shall be protected from potential sources of contamination within a 50 foot radius;
- If the pump, motor or both, have been removed for repair, replacement, etc., the well shall be maintained to prevent injury to the people and to prevent the entrance of any contaminants or other foreign materials;
  The well shall not be used for disposal or injection of trash, garbage, sewage, wastewater or storm runoff; and

The well shall be easily accessible to routine maintenance periodic inspection.

INSTRUCTIONS: Please provide the department with the following information on your inactive well. Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in all blanks, underline or circle the correct

answer	S.
1.	LOCATION OF WATER WELL: Fraction (13 N b) Section # Township # Range # County: (1) 1/4 1/4 1/4 33 T // S R 35 E/W
2.	WATER WELL OWNER: Ben + Char Tallner Marienthal Ks.  RR#, St. Address, Box #: City, State, Zip Code: 10 18 63
3.	WATER RIGHT FILE NO.: <u>\$333</u> 00 4. DEPTH OF COMPLETED WELL: ft.
5.	WELL'S STATIC WATER LEVEL: ft.
6.	WELL PREVIOUSLY USED AS: 5. Public Water Supply 8. Air Conditioning 11. Injection Well 1. Domestic 3. Feedlot 6. Oil Field Water Supply 9. Dewatering 12. Other 2. Irrigation 4. Industrial 7. Lawn and Garden Only 10. Observation Well
7.	TYPE OF BLANK CASING USED: 1 Steel 2. PVC 3. RMP (SR) 4. ABS 5. Wrought Iron 6. Asbestos-Cement 7. Fiberglass 8. Concrete Tile 9. Other
8.	GROUT MATERIAL: 1. Neat Cement 2. Cement Grout 3. Bentonite 4 Other
9.	NEAREST SOURCE OF POSSIBLE CONTAMINATION: 1. Septic Tank 2. Sewer Lines 3. Watertight Sewer Lines 4. Lateral Lines 5. Cess Pool 8. Sewage Lagoon 12. Fertilizer Storage 13. Insecticide Storage 14. Abandoned Water Well 15. Oil Well/Gas Well 16. Other (specify below) 17. Pit Privy 18. Sewage Lagoon 19. Feedyard 19. Livestock Pens 10. Livestock Pens 11. Fuel Storage 19. Fertilizer Storage 19. The privy 10. Livestock Pens 10. Livestock Pens 11. Storage 12. Fertilizer Storage 13. Insecticide Storage 14. Abandoned Water Well 15. Oil Well/Gas Well 16. Other (specify below) 17. Pit Privy 18. Sewage Lagoon 19. Feedyard
10.	WELL ORIGINALLY CONSTRUCTED BY: (Driller's Name):  RR#, St. Address, Box #:  City, State, Zip Code:
11.	DATE WELL PLACED ON INACTIVE STATUS: 12-10-09 This is not a ra Quest for
12.	DATE WELL PLACED ON INACTIVE STATUS: 12-10-09 This is not a ready of for ESTIMATED REACTIVATION DATE: 12-31-19 Inactive well statuse
I certify the wel	this water well currently in compliance with all applicable requirements for inactive wells and agree to maintain I in accordance with K.A.R. 28-30-7f until such time well is either reactivated or plugged.
93	I in accordance with K.A.R. 28-30-7f until such time well is either reactivated or plugged.  May be used for domestic use  In Zelha