

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

(to rectify lacking or incorrect information)

County: Wichita

Location listed as:

Section-Township-Range: 10-18-38Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): None Given

Location changed to:

10-18 S-38 WNW NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Legal description, well owner's address,
position on plat map, and mapping tool on KGS website.initials: ARL date: 11/8/2006

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																											
County: <u>Michiko</u>	1/4 1/4 1/4	<u>10</u>	<u>10</u>	<u>30</u>																											
Distance and direction from nearest town or city street address of well if located within city?																															
2 WATER WELL OWNER: <u>LOY Oddhon</u>																															
RR#, St. Address, Box #:		Board of Agriculture, Division of Water Resources																													
City, State, ZIP Code : <u>Leoti KS</u>		Application Number:																													
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL..... <u>160</u>ft.																													
N		WELL'S STATIC WATER LEVEL..... <u>0.0</u>ft.																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">X</td><td></td><td></td></tr> <tr><td style="text-align: center;">N W</td><td></td><td style="text-align: center;">N E</td></tr> <tr><td style="text-align: center;">W</td><td></td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">S W</td><td></td><td style="text-align: center;">S E</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">S</td><td></td><td></td></tr> </table>		X			N W		N E	W		E	S W		S E				S			WELL WAS USED AS:											
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Was a chemical/bacteriological sample submitted to Department? Yes....No... <input checked="" type="checkbox"/>																															
If yes, mo/day/yr sample was submitted.....																															
Water Well Disinfected: Yes... <input checked="" type="checkbox"/> ... No.....																															
5 TYPE OF BLANK CASING USED:																															
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Blank casing diameter... <u>16"</u>in. Was casing pulled? Yes... <input checked="" type="checkbox"/> ... No..... If yes, how much... <u>4.0</u>																															
Casing height above or below land surface..... <u>4.0</u>in.																															
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other.....																															
Grout Plug Intervals: From <u>160</u> ft. to <u>90</u> ft., From <u>90</u> ft. to <u>7</u> ft., From <u>7</u> ft. to <u>4</u> ft.																															
What is the nearest source of possible contamination:																															
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 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)..... under the business name of <u>Tanya C. Watson</u> by (signature) <u>Tanya C. Watson</u>																															
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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.																															

RECEIVED

OCT 16 2006

BUREAU OF WATER