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

(to rectify lacking or incorrect information)

Location listed as:	County: #arvey Location changed to:
Section-Township-Range: 24-23-/F	24-235-1W
Fraction (1/4 1/4 1/4):	NE NW NE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Well address, city Newton & Zimmerdale 1:24,	map on internet, and
Newton & Zimmerdale 1:24,	
	initials: DR4 date: 4/11/2005

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 PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

	TION OF WATE	R WELL:	Fraction	Section Number	Township Number	Range Number		
County:	Harvey		NE1/4 NIJ4NE1/4	24	23	18		
Distance and direction from nearest town or city street address of well if located within city?								
2 WATER WELL OWNER: EZH FORM Dist								
	RR#, St. Address, Box #: 1015 Evans Board of Agriculture, Division of Water Resources Application Number:							
	WELL'S LOCA (" IN SECTIO. N -N W	N BOX:	WELL'S STATIC WATE WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial Was a chemical/bacte If yes, mo/day/yr sa	6 Oil Field Water 7 Lawn and Garden 6 8 Air Conditioning eriological sample somple was submitted.	oly 9 Dewaterin Supply 70 Monitorin Only 11 Injection 12 Other	g Well Well		
	Water Well Disinfected: Yes No							
1 Ste	4 ABS casing dia	(SR) 5 Wrou 6 Asbe meter	ught 7 Fibers estos-Cement 8 Concrein. Was casing pland surface	oulled? YesXi	(specify below) New drilled to No If yes, how	much. 201		
Grout What 1 S 2 S 3 W	: Plug Inter	vals: From est source of ewer lines	f possible contamination 6 Seepage pit 7 Pit privy	., Fromft. to	16 Other (sp	ecify below)		
Direc	Direction from well? How many feet?							
FROM	FROM TO PLUGGING MATERIALS							
3	0.0	80il ((.543)					
3	20	pendon	uti (6,8ft3)					
10	25	chl, s	and (6) (109	(43)				
Water	ACTOR'S OR I	actor's Licer	CERTIFICATION: This water D and this recornse No	This Water Well e of	nder my jurisdiction st of my knowledge an Record was completed	on (mo/day/year)		
the corre	ect answers. S	end top three	ball point pen. <u>Please pres</u> copies to Kansas Departm 565. Send one to Water W	ent of Health and Envir	ronment, Bureau of Wat	underline or circle er, Topeka, Kansas		