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

Location listed as:	County: Tearny Location changed to:		
Section-Township-Range: 10-25-37W	10-25 5-36 W		
Fraction ( 1/4 1/4 1/4):	NE SW NE		
Other changes: Initial statements:			
Changed to:			
comments: Plat map is believed to	represent the NE quarter		
verification method: Written & legal descrip position on plat map, and ma photos on KGS website.	pring tool & aerial initials: DRL date: 2/10/2009		

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 LOCATI	ON OF WATE	R WELL:	Fraction	Section Number	Township Number	Range Number		
$\square$	KEARA		NE 1/48W1/4 NE 1/4		25			
					located within city?	370		
Distance and direction from nearest town or city street address of well if located within city?  2 MIES SOUTH OF LAKIN IN BEYMER PARK								
2 WATER WELL OWNER: KEARNY COUNTY								
RR#, St. Address, Box #: P.O. Box & Board of Agriculture, Division of Water Resources City, State, ZIP Code: LAKID, KS 67860 Application Number:								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVEL								
	WELL WAS USED AS:							
W	<b>X</b>	\  E	Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 10 Monitoring Well 7 Lawn and Garden Only 11 Injection Well 8 Air Conditioning 12 Other				
s	 	S E Was a chemical/bacteriological sample submitted to Department? YesNo  If yes, mo/day/yr sample was submitted						
L	S		Water Well Disinfect	ted: Yes. 🛴 No	••••			
5 TYPE OF BLANK CASING USED:								
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)  2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile  Blank casing diameterin. Was casing pulled? Yes No								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout	Plug Interv	vals: From		., Fromft. to	oft., From	toft.		
What is the nearest source of possible contamination:								
2 Sei Ja 4 La	ptic tank wer lines tertight se teral lines ss Pool	ewer lines	8 Sewage lagoon 9 Feedyard 10 Livestock pens	14 Abandoned water ( 15 Oil well/Gas well	Insecticide storage Abandoned water well Oil well/Gas well			
Direction from well? WEST How many feet? 200								
FROM	то	PLUGGING MATERIALS						
244	19'	CHLORI	NATED SAND					
19'	6	Subso						
6	3' BENTONITE PLUG							
3'	0'	TOPSOIL						
CONTRACTOR'S OR LANDAUNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)								
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.								

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.