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

(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:	**Location changed to:**
Section-Township-Range: 19-26-1W	19-26S-1W
Fraction (¼ ¼ ¼): None Given	SE SE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, city map, and Maize 1:24,000 topo. map.

initials: DRL date: 11/8/2004

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.

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212

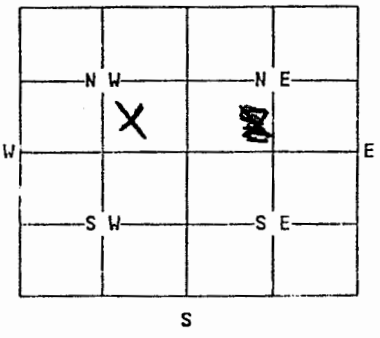
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Numb
County: SEDGEWICK	1/4 1/4 1/4	19	26	1W

Distance and direction from nearest town or city street address of well if located within city?
4615 N. MAIZE RD. MAIZE, KAN.

2 WATER WELL OWNER:

RR#, St. Address, Box #: 4615 N. MAIZE RD.
City, State, ZIP Code : MAIZE, KS. 67101
Board of Agriculture, Division of Water Resourc
Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL.....40.....ft.

WELL'S STATIC WATER LEVEL.20.....ft.

WELL WAS USED AS:

1 Domestic (2 Irrigation 3 Feedlot 4 Industrial) 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other.....

Was a chemical/bacteriological sample submitted to Department? Yes....No.
If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes X No.....

5 TYPE OF BLANK CASING USED:

1 Steel (2 PVC) 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (specify below) .....

Blank casing diameter.....5.....in. Was casing pulled? Yes..... No.....X... If yes, how much.....
Casing height above or below land surface.....0.....in. EVEN With Floor

6 GROUT PLUG MATERIAL: 1 Neat cement (2 Cement grout) 3 Bentonite 4 Other.....

Grout Plug Intervals: From..3..ft. to..0..ft., From.....ft. to .....ft., From..... to.....

What is the nearest source of possible contamination:

1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well (16) Other (specify below) Termite treat

Direction from well? West How many feet? 10

FROM	TO	PLUGGING MATERIALS
40	20	Chlorinated Gravel
20	3	Pea Gravel
3	0	Portland Cement

RECEIVED
OCT 19 2004
BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was comp on (mo/day/year)..5-13-04... and this record is true to the best of my knowledge and belief. K Water Well Contractor's License No. ..... This Water Well Record was completed on (mo/day/ ....5-13-04..... and/or under the business name of ..Vogt Construction..... by (signature) .....Steve Vogt.....

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, K 66620-0001 Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.