CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as 15-26S-3W

changed to SE NE NE, 15-26S-3W

Other changes: Initial statements: _____

_____

Changed to: _____

_____

Comments: _____

_____

verification method: Well address, city map on internet, legal description, and Mount Hope 1:24,000 topo. map. initials: DRL date: 7/9/2002

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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

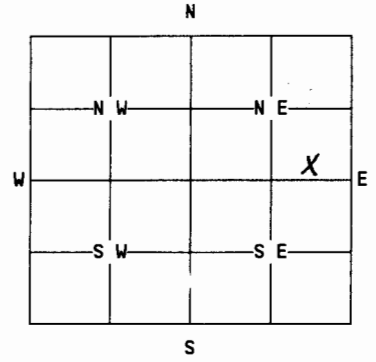
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	1/4 1/4 1/4	15	26S	3W

Distance and direction from nearest town or city street address of well if located within city?
126 Anderson left, ~~east~~ Andale

2 WATER WELL OWNER: City of Andale
RR#, St. Address, Box #: 309 Main, PoBox 338
City, State, ZIP Code : Andale, ~~KS~~ 67001
Board of Agriculture, Division of Water Resources
Application Number:

RECEIVED
OCT 19 2001
South Central District

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



4 DEPTH OF WELL....60.....ft.
WELL'S STATIC WATER LEVEL...20.....ft.

WELL WAS USED AS:

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

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

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

5 TYPE OF BLANK CASING USED:

(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...4.....in. Was casing pulled? Yes..... No...X.. If yes, how much.....
Casing height above or (below) land surface.....36..below.....in.

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

Grout Plug Intervals: From..10..ft. to..3....ft., From..3..ft. to ..2....ft., From..... to.....ft.

What is the nearest source of possible contamination:

1 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 Cess Pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? ....North West.. How many feet? ..40.....

FROM	TO	PLUGGING MATERIALS
60	30	Sand
30	10	fill dirt
10	3	bentonite
3	2	cement
2	0	soil fill

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..10-17-01..... 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) .....10-17-01..... under the business name of ....City of Andale..... by (signature) ....Douglas Lesan.....

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.