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: None Given	31 - 27 S - 3 W
Fraction (¼ ¼ ¼):	NE SE NE

Other changes: Initial statements: No county name given.

Changed to: Sedgwick County

Comments:

verification method: Well address, city street map, and mapping tool on KGS website.

initials: DR date: 11/6/2006

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.

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. _____

1 LOCATION OF WATER WELL: Fraction ¼ ¼ ¼ | Section Number | Township Number | Range Number E/W

County:

Distance and direction from nearest town or city street address of well if located within city?
100 W B Ave Garden Plain Ks 67050

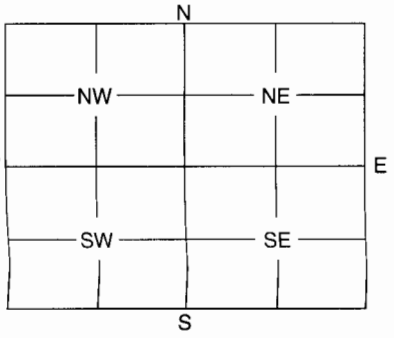
2 WATER WELL OWNER: Cody & Kristin Rexwinkle

RR #, St. Address, Box #: PO Box 744

City, State, ZIP Code : Coffeyville Ks 67337

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF WELL 22 ft.

WELL'S STATIC WATER LEVEL 19 ft.

WELL WAS USED AS:

(1) Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 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 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) .....

Blank casing diameter 6 in. Was casing pulled? Yes X No X If yes, how much .....

Casing height above or below land surface at surface in.

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

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

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) .....

Direction from well? North How many feet? 3'

FROM	TO	PLUGGING MATERIALS

HOMEOWNER

Kristin Rexwinkle

7 CONTRACTOR'S OF 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 ..... by (signature) .....

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.