CORRECTION(S) TO WATER W	ELL RECORD (WWC-5)
(to rectify lacking or incom	rect information)
	County: Kingman Location changed to:
Location listed as:	Location changed to:
Section-Township-Range: 5-27 5-4 W	
Fraction (1/4 1/4 1/4): NW SESE	NW NW SE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Phone call to well ou	ner, and mapping tool on
verification method: Phone call to well ou KGS website.	, , , ,
	initials: ARL date: 7/25/2007
submitted by: Kansas Geological Survey, Data Resources Library, 1930	<i>'</i>
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW	

1 LOCATIO	ON OF WATER	R WELL:	Fraction	Section Number	Township Number	Range Number		
County: K	ing wer	,	NW 1/45E1/45E1/4	5	275	4-W		
Distance and Direction from nearest town or city street address of well if located within city?								
2 WATER WELL OWNER: City of Chency								
RR#, St. Address, Box #: 13 i N . Mam ST. City, State, ZIP Code : Chewy, KS, 67025 Board of Agriculture, Division of Water Resources Application Number:								
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL								
	AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL							
			WELL WAS USED AS:					
N	w	N E	1 Domestic					
				7 Lawn and Garden Only 11 Injection Well				
W	×		E 4 Industrial	8 Air Conditioning	12 Other			
s	W	s E			ubmitted to Departmen	it? YesNoX.		
				ample was submitted.				
	S	,	Water Well Disinfec	ted: Yes. 🗶 No	• • • •			
5 TYPE OF BLANK CASING USED:								
1 Stee			ught 7 Fiber		(specify below)			
@ PVC	4 ABS			ete Tile				
Blank casing diameterin. Was casing pulled? Yes No. X If yes, how much								
6 GROUT PLUG MATERIAL: 1 Neat cement Comment grout 3 Bentonite 4 Other								
Grout F	lug Inter	vals: Fro	mft. toft	, Fromft. to	oft., From	toft.		
What is	the near	est source o	f possible contamination	n:				
	otic tank		6 Seepage pit	11 Fuel storage	16 Other (sp	ecify below)		
2 Sewer lines 7 Pit privy 12 Fertilizer storage						•••••		
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well								
Direction from well? How many feet?								
FROM	то		UGGING MATERIALS					
90'	50'	grave			_			
50	46'		nite Clay	_	RE(CEIVE		
40'	2'		t clay /casing en	1.	11 14	CEIVED 1 4 2007		
₹'	0	Clay-D	/		20/	1 4 2007		
	U	Chy-D	1. (\dashv	South Cen	itroi -		
				\dashv	,	tral District		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed								
on (mo/day/year)								
under the business name of								
DA (216	mature)	Wartel	r WW (R	andall Oliver	r./·····	• • • • • • • • • • • • • • • • • • • •		

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.