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

(to rectify lacking or incorrect information)

Location listed as:	County: Republic Location changed to:
Section-Township-Range: 25-2-2	25-25-2W
Fraction (1/4 1/4 1/4):	NW NW NE
Other changes: Initial statements:	·
Changed to:	
Comments:	
verification method: Written & legal descrip position on plat map, and aerial	tions, well owner's address,
position on plat map, and aerial	photo on KGS website.
	initials: DRL date: 11/8/2005

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 R	ECORD Form WWC-5P	KSA 82a-1212 ID N	O		
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number		
Cou	unty: Republic	NE14 14 14	25	2	D E/W		
Distance and direction from nearest town or city street address of well if located within city?							
4 miles 5 of Munden, 22E on Lincoln Rd.							
2		sut bobeiks					
		Lincoln Rd 12, KS 66940	Board of Agriculture Application Number	e, Division of Water Resource:	ces		
3	MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	2 φ_ π				
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 25 ft.							
	X	WELL WAS USED AS:					
	NW NE	1 Domestic	5 Public Water Supply	9 Dewateri	na ·		
		2 Irrigation	6 Oil Field Water Supp	oly 10 Monitorir	ng Well		
w	E	3 Feedlot 4 Industrial	7 Domestic (Lawn & G8 Air Conditioning				
		Was a chemical / bacteriological	gical sample submitted to De	epartment? Yes I	No . X		
	SW SE	If yes, mo/day/yr sample wa	is submitted				
	S	Water Well Disinfected: Ye	es . X No				
5	TYPE OF BLANK CASING USED:						
		rought 7 Fibergla bestos-Cement 8 Concre		elow)			
	Blank casing diameter in.	Was casing pulled?	YesX No	If yes, how mu	ch		
Blank casing diameter							
6		eat cement 2 Cement grou		Other			
Grout Plug Intervals: From							
(1 Septic tank) 6 Seepage pit 11 Fuel storage 16 Other (specify below)				cify below)			
	2 Sewer lines 3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage				
	4 Lateral lines	9 Feedyard	14 Abandoned water v				
	5 Cess pool	10 Livestock pens	15 Oil well/Gas well				
Direction from well? How many feet?							
	FROM TO PL	UGGING MATERIALS		ı			
	0 6 To 6	Pit. Left for 1	mydrant uso	\mathcal{L}'			
	6 9 Bento	mite		•			
	9 25 Subs	1					
		sel Chlorin	a				
C	x3 oco Orac	Ser Ciciariis					
′	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
Water Well Contractor's License No							
	by (signature)	m					
	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.						
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