

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

(to rectify lacking or incorrect information)

County: Smith

Location listed as:

Section-Township-Range: 22-35-13W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NE NW NE

Location changed to:

22-35-13W

NE NW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, position on plat map,
and Smith Center 1:24,000 topo. map.

initials: DRS date: 1/27/2005

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.

1	LOCATION OF WATER WELL: Smith	Fraction NE $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 22	Township Number 35	Range Number 13
---	---	--	-----------------------------	------------------------------	---------------------------

County:

EW

Distance and direction from nearest town or city street address of well if located within city?

NE Edge of Smith Center on East Hwy 36

2 WATER WELL OWNER: Country General Store (Wheelers)

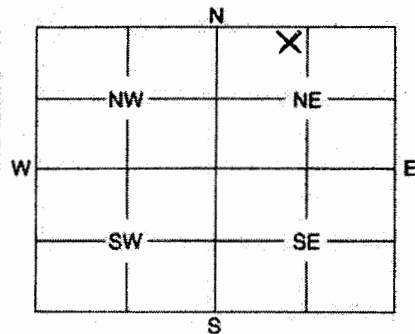
RR #, St. Address, Box #: P.O. Box 328

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : Smith Center, Ks 66967

Application Number:

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



4 DEPTH OF WELL17..... ft.

WELL'S STATIC WATER LEVEL 14.52... 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 No X

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 diameter2..... in. Was casing pulled? Yes X No If yes, how much17'.....

Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 3 1 Neat cement 2 Cement grout 3 Bentonite 4 OtherSurface silts and clays.....

Grout Plug Intervals: From17'..... ft. to3..... ft., From3..... ft. to0..... 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? How many feet?

FROM	TO	PLUGGING MATERIALS
0	3	Surface Silt and Clays
17	3	Bentonite

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 08/24/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/year) 10/27/04 under the business name of Associated Environmental, Inc. by (signature) Darin Duncan

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.

RECEIVED
NOV 08 2004
BUREAU OF WATER