

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

(to rectify lacking or incorrect information)

County: Smith

Location listed as:

Location changed to:

Section-Township-Range: 20-5-11

20-55-11 W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

NW NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Legal description, county, well owner's address, position on plat map, and mapping tool on KGS website.

initials: ORL date: 11/8/2006

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.

1 LOCATION OF WATER WELL: County: Smith	Fraction (1) 1/4 1/4	Section Number 20	Township Number 5	Range Number 11
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Distance and direction from nearest town or city street address of well if located within city?
N/A

2 WATER WELL OWNER: **Robert Schoen**
 RR#, St. Address, Box #: **26092 280 RD.**
 City, State, ZIP Code : **Downs, KS. 67437**

Board of Agriculture, Division of Water Resources
Application Number:

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

S

4 DEPTH OF WELL.....**29**..ft.
 WELL'S STATIC WATER LEVEL.....**DRY-0**...ft.
 WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well
<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Lawn and Garden Only	<input type="checkbox"/> 11 Injection Well
<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 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	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile

Blank casing diameter.....in. Was casing pulled? Yes..... No..... If yes, how much.....
 Casing height above or below land 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	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? How many feet?

FROM	TO	PLUGGING MATERIALS
23.5	24.5	Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **10-8-2006**... 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) **Robert Schoen**.....

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.