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

(to rectify lacking or incorrect information)

Location listed as:	County: Geary Location changed to:						
Section-Township-Range: 27-115-6E	27-115-6E SW SW SW						
Fraction ( 1/4 1/4 1/4): None Given	SW SW SW						
Other changes: Initial statements:							
Changed to:							
Comments:							
verification method: Original construction	record for this well.						
	initials: Add date: 12/3/2007						

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

FP-96-26C

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number		
Col	unty: GEARY	1/4 1/4 1/4	27	IIS	6E EM		
Distance and direction from nearest town or city street address of well if located within city?							
2	WATER WELL OWNER: DIEE (	CTORATE OF PUR CERSHING COUR					
		LEY, KS 644	Board of Agriculture Application Number	e, Division of Water Resourd r:	ces		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	WELL'S STATIC WATE WELL WAS USED AS:	R LEVEL 22,4 ft. F	EROM TOP CASING	÷		
w	NW NE 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other						
5	TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  Blank casing diameter in. Was casing pulled? Yes No If yes, how much 3 in.  Casing height above or below and surface							
2 Sewer lines 7 Pit privy 3 Watertight sewer lines 8 Sewage lagoon 4 Lateral lines 9 Feedyard 5 Cess pool 10 Livestock pens			12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well				
Direction from well? How many feet?							
		LUGGING MATERIALS Soi L Bewtonik Gras	4				
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 30 2007 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) by (signature) 50 50 50 70 70 70 70 70 70 70 70 70 70 70 70 70							
	INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.