County: Lyon Fraction NENW Su Sec. 14 T 16 S R // (E/W
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) (to rectify lacking or incorrect information)
Owner: <u>Jacque</u> <u>Scott</u> Location was listed as: Location changed to:
Section-Township-Range: 14-165-35 14-165-1/5
Section-Township-Range: $14-165-3$ $= 14-165-1/5$ Fraction ($\frac{1}{4}$ $\frac{1}{4}$): $= 12$ $= $
Other changes: Initial statements:
Changed to:
Comments:
Verification method: Wellsite address city street map, and
mapping tool & actial photos on KGS website.
Verification method: Wellsite address city street map, and mapping tool & aerial photos on KGS website. Submitted by KG Color of the c
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.

NE & NW & SW 14 168 3E	LOCATI			D Form WWC-5P	KSA 82a-1		Township Number	Range Number
Distance and direction from nearest town or city street address of well if located within city? 229 E. 8th St, Allen, KS WATER WELL OWNER: Jacque Scott RR#, St. Address, Box #: 319 E Irwin City, State, ZIP Code: Iola, KS 66749 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: A DEPTH OF WELL 14.40	~ . 1	¥		TATTO TATTOT CT	XX7 1/.	14	16S	
### WATER WELL OWNER: Jacque Scott RR#, St. Address, Box #: 319 E Irwin City, State, ZIP Code: Jola, KS 66749 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: USE STATIC WATER LEVEL NA ft. Elevation: NA Datum: NA	County:	Lyon	from nearest to	wn or city street addres	s of well if loc	ated within	city?	
WATER WELL OWNER: Jacque Scott RR#, St. Address, Box #: 319 E Irwin City, State, ZIP Code: Iola, KS 66749 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: A DEPTH OF WELL 14.40 ft. MW6 WELL'S STATIC WATER LEVEL NA ft.				wir or only biroor address	5 01 1/01/11/19		, y -	
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RR#, St. Address, Box #: 319 E Irwin City, State, ZIP Code: Iola, KS 66749 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL								s, min. of 4 digits)
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Datum: NA Data Collection Method: Na Da	RR#, \$	St. Address,	Box #: 319 E I	rwin				
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ISTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Repartment of Fleatul and environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612 167. Telephone:	3 Watertig 4 Lateral 2 5 Cess po FROM 0 2 3 CONTRA mpleted o ell Contra asiness nar	TO 2 3 14.40 ACTOR'S on (mo/day/yactor's Licerme of	9 Feedyard 10 Livestoc PLUGGING Co Be OR LANDOWN (year) 9/ Ise No. 7 Larsen and	d 14 Aban k pens 15 Oil w G MATERIALS mcrete Soil ntonite VER'S CERTIFICAT 19/13 and this 157 This Wate Associates, Inc.	FROM FROM ION: This warecord is true or Well Record by (signature)	TO T	PLUGGING I PLUGGING I as plugged under my ju of my knowledge and leted on (moday/year)	visdiction and was benef. Kansas Water 9/23/13 under