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

(to rectify lacking or incorrect information)

Location listed as:	County: Location changed to:
Section-Township-Range: 33-20-/3	33-205-13E
Fraction (1/4 1/4 1/4):	NW NW NW
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Legal description, p	sosition on plat map, well owner's
address, prior well record u	nder owner's name, and
county map	initials: DRL date: 7/5/2005
submitted by: Kansas Geological Survey, Data Resources Library, 19	30 Constant Ave., Lawrence, KS 66047-3726

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 ID NO.
LOCATION OF WATER WELL:	Fraction Section Number Township Number Range Number
Distance and direction from nearest town or	city street address of well if located within city?
RR #, St. Address, Box #: City, State, ZIP Code :	AX5 Hortford Board of Agriculture, Division of Water Resources X5 KS 6685 Application Number:
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL
W N W N E S E S E	WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 4 Industrial 8 Air Conditioning 12 Other
s	Water Well Disinfected: Yes No
	rought 7 Fiberglass Other (Specify below) POCK sbestos-Cement 8 Concrete Tile Was casing pulled? Yes No If yes, how much 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
l e e e e e e e e e e e e e e e e e e e	eat cement 2 Cement grout 3 Bentonite 4 Other
What is the nearest source of possi 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool Direction from well?	6 Seepage pit 11 Fuel storage 16 Other (specify below) 7 Pit privy 12 Fertilizer storage 8 Sewage lagoon 13 Insecticide storage 9 Feedyard 14 Abandoned water well
	GGING MATERIALS Well was located
4.5 0 70	How many feet? GGING MATERIALS Fornite Sold Adjacent to a feet years.
Un (mo/day/year)	ER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed and this record is true to the best of my knowledge and belief. Kansas This Water Well Record was completed on (mo/day/year) obsiness name of
INSTRUCTIONS: Use typewriter or ba answers. Send top three copies to K	all point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct ansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Vater Well Owner and retain one for your records.