CORRECTION(S) TO WATER WEL	L RECORD (WWC-5)					
(to rectify lacking or incorrect information)						
	County: Manshall					
Location listed as:	Location changed to:					
Section-Township-Range: 36-T25-R4E	Washington Co.					
Fraction (1/4 1/4 1/4):	^ .					
Other changes: Initial statements: Location dinections, Co	very name and legate location					
all disagree. Moved to Hanoven, b	nt no good reason					
Changed to:	V					
Comments: No penson with this name found	anywhene.					
verification method:						

initials: <u>DAH</u> date: <u>Aug. 2, 200</u>4

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:	Fraction	Section Number	Township Number	Range Number			
Col	unty: Mhrshall	SW1853245E114	360	2	*			
Dis	Distance and direction from nearest town or city street address of well if located within city?							
2	2 WATER WELL OWNER: Lee Zorbypicky							
RR: Ci	#, St. Address, Box #:5/2 ty, State, ZIP Code : Han	S. Hanover over, KS 664	Application Nu		Water Resources			
3								
	₩ELL WAS USED AS:							
W	N W E E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supp 6 Oil Field Water S 7 Lawn and Garden C 8 Air Conditioning	Supply 10 Monitoring Only 11 Injection	g Well Well			
	S W S E Was a chemical/bacteriological sample submitted to Department? YesNo. 1. If yes, mo/day/yr sample was submitted							
	S	Water Well Disinfect	ted: Yes No					
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								
6	GROUT PLUG MATERIAL: 1 Neat	~ 1		4 Other				
	Grout Plug Intervals: Fro	m.3ft. toft.	., Fromft. to	ft., From	toft.			
	What is the nearest source o	f possible contamination	n:					
1 Septic tank 6 Seepage pit 11 Fuel storage 12 Fertilizer storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 5 Cess Pool Swell 15 Oil well/Gas well								
Direction from well?								
		UGGING MATERIALS						
L) 3 -100	301						
	3' 0' Kent	onite Hug						
	6 32 Cay	Support						
	32 36 Chlor	inated Sand						
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)								
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks								

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.