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

(to rectify lacking or incorrect information)

| Location listed as:                        | Location changed to:          |
|--|-------------------------------|
| Section-Township-Range: /7-3-/2            |                               |
| Fraction ( 1/4 1/4 1/4):                   | 17-35-12 E<br>NE SW SW        |
| Other changes: Initial statements:         |                               |
|  |                               |
| Changed to:                                |                               |
|  |                               |
| Comments:                                  |                               |
| verification method: Legal description, po | sition on plat map, and       |
| mapping tool on KGS website.               | ,                             |
|  | initials: DR date: 11/14/2005 |

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.

|   | N OF WATER W  | 1           | Fraction   | Section Number   | Township Number                      | Range Number   |  |  |
|---|---|-------------|--|--|--------------------------------------|----------------|--|--|
| . <b>у</b> :  | llemah  | a           | 1/4 1/4 <b>SW</b> 1/4  | 17   | 5                                    | 12             |  |  |
| Distance and direction from nearest town or city street address of well if located within city?   |   |             |  |  |                                      |                |  |  |
| 2 WATER WELL OWNER: Melvin Roeder   |   |             |  |  |                                      |                |  |  |
| RR#, St. Address, Box #: 1694 H Road  Board of Agriculture, Division of Water Resources  City, State, ZIP Code: Seneca, K5 66538  Application Number:   |   |             |  |  |                                      |                |  |  |
| 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.  |   |             |  |  |                                      |                |  |  |
| AN "X" IN SECTION BOX:  N  WELL'S STATIC WATER LEVELft.   |   |             |  |  |                                      |                |  |  |
|   |   |             | WELL WAS USED AS:  |  |                                      |                |  |  |
| w   | W   | -N E        |  |  | Supply 10 Monitor<br>Only 11 Injecti | ing Well       |  |  |
| s<br>X  |   |             |  |  |                                      |                |  |  |
|   | S   |             | Water Well Disinfec  | ted: (es) No   |                                      |                |  |  |
| 5 TYPE OF   | BLANK CASIN   | NG USED:    |  |  |                                      |                |  |  |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 6 Other (specify below) 5 to e  |   |             |  |  |                                      |                |  |  |
| ank casing diameter. 36in. Was casing pulled? Yes No If yes, how much   |   |             |  |  |                                      |                |  |  |
| 6 GROUT P   | LUG MATERIAL  |             |  | ut 3 Bentonite   |                                      |                |  |  |
| Grout P   | lug Interval  | ls: From    | ft. to.Y.A.ft  | ., Fromft. t   | oft., From.                          | toft.          |  |  |
| What is   | the nearest   | t source of | possible contamination   | n:   |                                      |                |  |  |
| 2 Sew<br>3 Wat<br>4 Lat   | otic tank<br>wer lines<br>certight sewe<br>ceral lines<br>ss Pool |             | 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens | 11 Fuel storage<br>12 Fertilizer stora<br>13 Insecticide stor<br>14 Abandoned water<br>15 Oil well/Gas wel | ge                                   | specify below) |  |  |
| Direction from well?  |   |             |  |  |                                      |                |  |  |
| FROM  | то  | PLU         | IGGING MATERIALS   |  |                                      |                |  |  |
| 22  | 8   | 5 e.        | ~()  |  |                                      |                |  |  |
| 22  | 5   | C1.         | 84/  |  |                                      |                |  |  |
| 5   | 4.5   | ben         | Forite   |  |                                      |                |  |  |
| 4.5   | S   | Tops        | .:1.   |  |                                      |                |  |  |
|   |   |             |  |  |                                      |                |  |  |
|   |   |             |  |  |                                      |                |  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed in (mo/day/year)   |   |             |  |  |                                      |                |  |  |
| 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: 785/296-3565. Send one to Water Well Owner and retain one for your records. |   |             |  |  |                                      |                |  |  |