

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

(to rectify lacking or incorrect information)

County: Barton

Location listed as:

Section-Township-Range: 21-17-12

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

Location changed to:

21-17S-12W

NE NE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, county ownership map, and Claflin & Redwing 1:24,000 topo. maps (buildings shown on map).

initials: ORL date: 11/9/2004

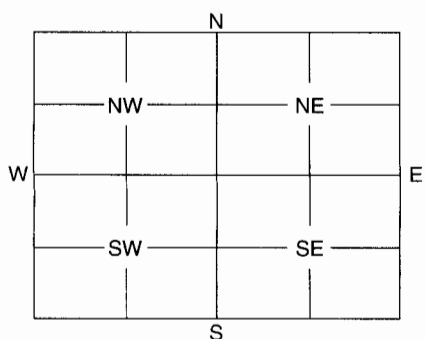
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

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
 County: Barton $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ 21 17 12 E/W

Distance and direction from nearest town or city street address of well if located within city?
From Odin, KS - 2 W, 1/2 S, West into

2 WATER WELL OWNER: Lawrence Jenisch
 RR #, St. Address, Box #: 810 Houston Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Claylin, KS 67525 Application Number: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:


4 DEPTH OF WELL 180 ft. (well closest to house)
 WELL'S STATIC WATER LEVEL 120 ft.
 WELL WAS USED AS:
 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 _____
 Was a chemical / bacteriological sample submitted to Department? Yes _____ No
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: 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 8 in. Was casing pulled? Yes _____ No
 Casing height above or below land surface _____ in. If yes, how much _____

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From 0 ft. to 8 ft., From _____ ft. to _____ ft., From _____ to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well
 Direction from well? NE How many feet? 51'

FROM	TO	PLUGGING MATERIALS
180'	180' 8'	sand
8'	0	Bentonite
0	+ 2"	Cement Cap

RECEIVED
 OCT 27 2004
 BUREAU OF WATER

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/20/04 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) _____ under the business name of _____ by (signature) Pat H. [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.