County: Ness Fraction 52 Sul Sec. 8 T 19 S R 23 E(W)												
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)												
(to rectify lacking or incorrect information)												
Owner: Robert Schniepp												
Location was listed as: Location changed to:												
Section-Township-Range: 19 South-19 South-23 W 8-195-23 W												
Fraction (1/4 1/4 1/4): None Given 52 SW												
Other changes: Initial statements: 21/2 South 1/2 mile East												
Changed to: From Ness City: 2.5 mi S., 0.25 mi. E.												
Comments:												
Verification method: Written description, position on plat map, county												
Verification method: Written description, position on plat map, county ownership map, and mapping tool on KGS website. initials: DRI date: 7/17/2013												
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: Ness					1/4 1/4	(1/4)	19	South	19	South	2	3 🔊
		ection from	nearest town	n or ci	ty street addres		cated within ci			<u> </u>		
		2 /2 (South	1/2	unite		······································	<u></u>			· · · · · · · · · · · · · · · · · · ·	
2	WATER \	WELL OWN		be	rt Sel	INTEPP		•				
		Address, Bo , ZIP Code)×#; P3	9 R C59	7	Kansa		rd of Agriculture lication Number		Water Resourc	es	
3	MARK W	ELL'S LOC	ATION WITH	1	4 DEPTH	OF WELL	49	/ ft.				
	AN "X" IN	SECTION	BOX:	٠	WELL'S	STATIC WATI	ER LEVEL3	.J ft.				
		N		٦	WELL W	AS USED AS	t.	*				
			,			omestic		in Mater Cumbly	,	9 Dewaterii	na.	
	NW		NE			rigation	6 Oil F	c Water Supply ield Water Supp	oly	10 Monitorin	g Well	
W				E		eedlot ndustrial		estic (Lawn & C onditioning	arden)	11 Injection of the Injection	well Gb 4hdi	oned
								•				
Was a chemical / bacteriological sample submitted to Department? Yes												
		ľ			Water Well D	isinfected: \	res.// N	0				
		S			Water Well D	isimeotoa.	103./	0				
5	TYPE OF	BLANK C	ASING USE):				- In the second				
	l Steel	3 RM		5 Wro		7 Fiberg	ılass 9 (Other (Specify b	elow)			
	2 PVC	4 AB			estos-Cement	8 Concr		\sim	,,	.,		**********
	Blank ca Casing b	sing diame	ter 3	in. nd su	Was ca	sing pulled?	Yes	(No).		f yes, how mu	ch	
	 	PLUG MAT				2 Cement gr	 	ntonite 4 (Other5	nd -		
6		ig Intervals			01	z Cerrient gir	*		o3.7 f		? to	f
		-			contamination:	/		,	•	·		
1 Septic tank					6 Seepage	pit		el storage		16 Other (specify below)		
2 Sewer lines 3 Watertight sewer lines					7 Pit privy 8 Sewage	lagoon		12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well				*******
4 Lateral lines					9 Feedyard	d	(14 Ab					
5 Cess pool					10 Livestoc	,		i la				
	Direction	n from well?	?	**********	********	How man	y feet?					
	FROM	то		PL	JGGING MATE	RIALS						
	49	37	2	a no	1							
	57	2 6	2 2 2		tonify	<u> </u>						
-	31	\sim I			em4 G							
	-d/	-7	<u> </u>	KM7	emt o	rowi						
			1.4	<u> </u>		<u> </u>						
				i in the second	· · · · · · · · · · · · · · · · · · ·	i						
						· · · · · · · · · · · · · · · · · · ·						
7	CONTR	ACTOR'S	OF LANDO	WNE	R'S CERTIFI	CATION: Th	is water wel	l was plugged	d under my	jurisdiction a	nd was co	mpleted on
					· ••••••••••••••••••••••••••••••••••••							
	. ()#[M/:	14)358	und	ler th	e business na	me of					10-	3/-10-
	by (sign	iaiui <i>e)</i>										· · · · · · · · · · · · · · · · · · ·

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, 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.