CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information)

Location listed as:	County: Reno Location changed to:
Section-Township-Range: 33-23-5	33-225-5W
Fraction (1/4 1/4 1/4): NW NE SE	NW NE SE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Wellsite address, ci	ty street map, other wells
verification method: Well site address, ci	n, and mapping tool &
aerial photos on KGS website	
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co	

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1 LOCATI	ON OF WATER WELL:	Fraction	Section Number	Township Number	Range Number		
County:	RENO	NW1/4NE1/4SE1/4	33	23	5		
Distance and direction from nearest town or city street address of well if located within city?							
2 WATER	WELL OWNER: KPL	Energy Cto.					
RR#, St. Address, Box #: 3200 E 30 th Board of Agriculture, Division of Water Resources City, State, ZIP Code: 17,777,114,674,114 Application Number: 1202							
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL							
WELL WAS USED AS:							
W	N E	1 Domestic 2 Irrigation	7 Lawn and Garden (Supply 10 Monitoring Only 11 Injection	g Well Well		
s	S W S E Was a chemical/bacteriological sample submitted to Department? YesNo						
L_,	s	Water Well Disinfect	ted: Yes.X 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 diameterin. Was casing pulled? Yes No.X If yes, how much							
6 GROUT	PLUG MATERIAL: 1 Neat	cement 2 Cement grou	at 3 Bentonite	4 Other HOLE P	LU6		
Grout Plug Intervals: From. $1.7.$ ft. to. 3 ft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
2 Se 3 Wa 4 La	ptic tank wer lines tertight sewer lines teral lines ss Pool	9 Feedyard	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	age well	ecify below)		
Direction from well?ES.T							
FROM	TO PLU	UGGING MATERIALS					
52	17 Sano	1					
17	3 Hole	Plug					
3	0 Dirt						
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
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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.