## 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                           |
| Other changes: Initial statements:   |                                      |
| Changed to:  |                                      |
| Comments:  |                                      |
| verification method: Wellsite address, city  | street map, other wells              |
| verification method: Wellsite address, city for same owner at this location aerial photos on KGS websi |                                      |
| submitted by: Kansas Geological Survey, Data Resources Library, 1930 Con                               | nstant Ave., Lawrence, KS 66047-3726 |

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 nea   | rest town or city street Hh Hutchins                                      | address of well if  | located within city?                  |                         |  |
|  | WELL OWNER: KPL  |   |   | 10 - PM                               |                         |  |
| RR#, St.   | Address, Box #: 320  | OE. BOTH  | Application No  | culture, Division of N<br>umber: 1292 |                         |  |
|  | ELL'S LOCATION WITH IN SECTION BOX: N                                    |   | 56  |                                       |                         |  |
| w  | W  |   | 6 Oil Field Water 9<br>7 Lawn and Garden 0<br>8 Air Conditioning  | Supply 10 Monitoring                  | g Well<br>Well<br>YPP/Y |  |
|  | s  | If yes, mo/day/yr sa  | mpte was submitted.   |                                       | . resilinoiti           |  |
| 5 TYPE O   | F BLANK CASING USED:   |   |   | 1 4 - 1 11 11 11 11 11                |                         |  |
| 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 muchin. |  |   |   |                                       |                         |  |
| Casing   | height above or below  | land surface  | <b>7</b> 1 n .  |                                       |                         |  |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other HOLE PLUG  Grout Plug Intervals: From. 19.ft. to. 3ft., Fromft. toft., Fromft.                                     |  |   |   |                                       |                         |  |
| What i   | s the nearest source o   | f possible contamination  |   |                                       |                         |  |
| 2 Sei<br>3 Wa<br>4 La  | ptic tank<br>wer lines<br>tertight sewer lines<br>teral lines<br>ss Pool | 7 Pit privy   | 11 Fuel storage<br>12 Fertilizer storag<br>13 Insecticide stora<br>14 Abandoned water w<br>15 Oil well/Gas well | age<br>well                           | ecify below)            |  |
| Direction from well? .WEST   |  |   |   |                                       |                         |  |
| FROM   | TO PLU   | JGGING MATERIALS  |   |                                       |                         |  |
| 56   | 19 Sano  | X   |   |                                       |                         |  |
| 19   | 3 HOVE   | Plug  |   |                                       |                         |  |
| _3_  | 0 Dirt   |   |   |                                       |                         |  |
|  |  |   |   |                                       |                         |  |
|  |  |   |   |                                       |                         |  |
|  |  |   |   |                                       |                         |  |
|  |  | · · · · · · · · · · · · · · · · · · ·                                     |   |                                       |                         |  |
| Water (  | Well Contractor's Lice   | CERTIFICATION: This water O and this recor use No under the business name | This Water Well   | Record was completed                  | on//mo/day/year)        |  |
| -, , -,  |  | <del></del> <del></del>   | <b> </b>  |                                       |                         |  |

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.