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

(to rectify lacking or incorrect information)

| | County: <u>Reno</u> | | | | | | | | | |
|------------------------------------------------------------------------|----------------------------------------|--|--|--|--|--|--|--|--|--|
| Location listed as: | Location ehanged-to: | | | | | | | | | |
| Section-Township-Range: | 28-225-5W | | | | | | | | | |
| Fraction (1/4 1/4 1/4): | SE SE SE | | | | | | | | | |
| Other changes: Initial statements: Mc Pher Son County | | | | | | | | | | |
| | <u>'</u> | | | | | | | | | |
| Changed to: Reno County | (Note: Driller submitted revision) | | | | | | | | | |
| | | | | | | | | | | |
| Comments: Wellsite address is 450 | 1 Scotty Lane, according | | | | | | | | | |
| to Reno County Appraisor's | online parcel = earch. | | | | | | | | | |
| verification method: Written & legal de scrip | | | | | | | | | | |
| city street map, and mapping | tool on KGS website. | | | | | | | | | |
| | initials: DR date: 5/19/2009 | | | | | | | | | |
| submitted by: Kansas Geological Survey, Data Resources Library, 1930 C | Constant Ave., Lawrence, KS 66047-3726 | | | | | | | | | |

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

| | ION OF WAT | ER WELL: | Fraction | Section | Number | Township | Number | Range | Number | | |
|-----------------------|---------------------------------------------------------|----------------------|---------------------------------------------------------|--------------------------|------------------------------|----------------------------------------------|----------------------------|--------------|-----------------------------------------|--|--|
| County: | Reno | | SE _{1/4} SE _{1/4} SE _{1/4} | 28 | | 22 | | 5 | X | | |
| | | | city street address of well if loc | ated within city? | - | | | | | | |
| 1-1/2 | mile r | worth of | Hutchinson, Ks. | | | | | | - · · · · · · · · · · · · · · · · · · · | | |
| | | IER: Ken Sco | | | | | | | | | |
| RR #, St City, Sta | t. Address, Bo te, ZIP Code | x #: 4 10 Co: | nson, Ks. 67501 | Applica | tion Numbe | e, Division of W | ater Resourc | ces | | | |
| | WELL'S LOC | ATION WITH BOX: | 4 DEPTH OF WELL | | | | | | | | |
| | N | | | | π. | | | | | | |
| | | | WELL WAS USED AS: | | | | | | | | |
| NN—NW | / | NE | 1 Domestic 2 Irrigation | | Vater Supply I Water Supp | | 9 Dewateri 10 Monitorin | | | | |
| l w | | E | 3 Feedlot | 7 Domest | ic (Lawn & C | | 11 Injection | Well | | | |
| | | | 4 Industrial | 8 Air Con | aitioning | | № Other . G | eotneri | на.т | | |
| sw | / | — SE ——— | Was a chemical / bacteriolo If yes, mo/day/yr sample wa | • | | • | s I | No X | | | |
| | | × | Water Well Disinfected: Ye | esNo | , | | | | | | |
| | \$ | | | | | | | | | | |
| 5 TYPE | OF BLANK C | ASING USED: | | | | | | | | | |
| 1 Stee | | ` ' | ought 7 Fibergla | ass X Oth | er (Specify b | oelow) ylene | | | | | |
| | | ter 3./4 in. | Was casing pulled? | Yes | | - | yes, how mu | | | | |
| | | | rface | | 140 . | | yes, now mu | OII | | | |
| 6 GROU | T PLUG MAT | ERIAL: 1 N | eat cement 2 Cement gro | ut X Bento | nite 4 | Other | | | | | |
| 1 1 | Plug Intervals: | From | 3 ft. to 2.0.0 ft. | , From 3 . | ft. t | o2.0.0 ft. | From3 | to | .2.0.0 | | |
| 1 | | source of possible | | | | | | | | | |
| 1 | eptic tank ewer lines | | 6 Seepage pit7 Pit privy | 11 Fuel s 12 Fertiliz | torage er storage | | 6 Other (spe | | | | |
| 3 W | atertight sew | er lines | 8 Sewage lagoon | 13 Insect | 13 Insecticide storage | | | | | | |
| | XLateral lines 9 Feedyard 5 Cess pool 10 Livestock pens | | | | | 14 Abandoned water well 15 Oil well/Gas well | | | | | |
| Directi | on from well? | South | How many | feet?1.0 | 0ft. | | | | | | |
| FROM | то | PI | UGGING MATERIALS | | | | | | | | |
| | | | | | | | | | | | |
| 0 | 2 | Topsoil | | | | | | | | | |
| 2 | 16 | Clay, to | | | | | | | | | |
| 16 | 133 | | ine w/clay laye | rs | | | | | | | |
| 133 | 167 | Shale, | | | | | | | | | |
| 167 | 182 | Shale, | rea | | | | | | | | |
| 182 | 200 | Shale, | gray | | | | | | | | |
| | | | | | | | | | | | |
| 7 CONT | RACTOR'S | OF LANDOWNE | ER'S CERTIFICATION: This | water well w | as plugged | d under my ju | risdiction a | nd was cor | npleted on | | |
| Water | Vell Contracto | r's License No | 138 | and tills | This Wa | ater Well Reco | rd was comp | oleted on (m | o/day/year) | | |
| hv (sig | /.3/.09 mature) | under th | epusidess name of Pot | erson Ir | rigatio | on, Inc. | | | | | |
| | | | | | | | | | | | |

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.