

County: _____ Fraction: _____ Sec. _____ T. _____ S R. _____

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

Owner: _____

If location corrected, was listed as:

Section-Township-Range: _____

Fraction (¼ calls): _____

Location changed to:

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: _____

_____ Initials: _____ Date: _____

Submitted by: ☐ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724

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

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