

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

County: Riley

Location listed as:

Location changed to:

Section-Township-Range: 12-105-8 E

12-105-7 E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE NW SE

SE SE NW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Wellsite address, city street map, and mapping tool on KGS website.

initials: DRF date: 9/20/2011

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.

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

DW

| | | | | |
|--|----------------------------|----------------------|-------------------------|-----------------------|
| 1 LOCATION OF WATER WELL: Riley County | Fraction SE ¼ NW ¼ SE ¼ | Section Number 12 | Township Number 10 S | Range Number R 8 E |
|--|----------------------------|----------------------|-------------------------|-----------------------|

Distance and direction from nearest town or city street address of well if located within city?
Well was located at 2216 Claflin Rd., Manhattan, KS 66502

| | |
|--|--|
| 2 WATER WELL OWNER: Elsy Partners LLP RR#, St. Address, Box #: 2052 Hunting Ave. City, State ZIP Code: Manhattan, KS 66502 | Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____ |
|--|--|

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL 45 ft.
WELL'S STATIC WATER LEVEL 22 ft.
WELL WAS USED AS: X

| | | |
|--------------|----------------------------|---|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | <input checked="" type="checkbox"/> 10 Monitoring |
| 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning | 12 Other _____ |

Was a chemical/bacteriological sample submitted to Department? Yes _____ No x

5 TYPE OF BLANK CASING USED:

| | | | | |
|---|------------|-------------------|-----------------|-------------------------------|
| <input checked="" type="checkbox"/> 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 diameter 6 in. Was casing pulled? Yes x No _____ If yes, how much 4'
Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soil

Grout Plug Intervals: From 2 0 ft. to 0.5 ft., From 4 0.5 ft. to 3.5 ft., From 3 3.5 to 45 ft.

What is the nearest source of possible contamination:

| | | | |
|--------------------------|-------------------|-------------------------|----------------------------|
| 1 Septic tank | 6 Seepage pit | 11 Fuel Storage | 16 Other (specify below) |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | <u>Contaminated Site</u> |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | Direction from well? _____ |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | How many feet? _____ |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-----|----------------------|------|----|--------------------|
| 0' | 3' | Compacted Silty Clay | | | |
| 3' | 22' | Bentonite | | | |
| 22' | 45' | Chlorinated Sand | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 06/10/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585. This Water Well Record was completed on (mo/day/year) 06/28/11 under the business name of Associated Environmental, Inc. by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print 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. Visit us at <http://www.kdheks.gov/waterwell/index.html>.