County: Riley Fraction: NW-NW-NW Sec. 33 T 10 S R 07 (E)/W

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

Owner: KDHE

Location was listed as:	**Location changed to:**
Section-Township-Range: 33-10 S-10 E	33-10 S-07E
Fraction (¼ ¼ ¼): NW-NW-NW	NW-NW-NW

Other changes: Initial statements:

Changed to:

Comments:

Verification method: Map of Address and Lat/Long

initials: DF date: 4/15/14

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 RECORD Form WWC-5

Division of Water Resources; App. No.

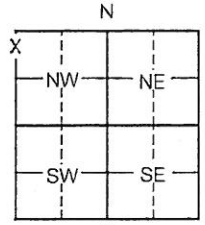
1 LOCATION OF WATER WELL: County: Riley	Fraction: NW ¼ NW ¼ NW ¼	Section Number: 33	Township Number: T 10 S	Range Number: R 10 E

Distance and direction from nearest town or city street address of well if located within city? 5106 Murray Rd., Manhattan, KS

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: N 39.14435°
Longitude: W 96.65917°
Elevation: RIM: 1037.57; TOC: 1037.16
Datum: NAVD 88
Data Collection Method: legal survey

2 WATER WELL OWNER: KDHE
RR#, St. Address, Box # : 1000 SW Jackson, Ste 410
City, State, ZIP Code : Topeka, KS 66612

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 24.55 ft.
MW5
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL 19.70 ft. below land surface measured on mo/day/yr 10/9/13
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes ____ No X ; If yes, mo/day/yrs
Sample was submitted _____ Water Well Disinfected? Yes ____ No X

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
(2) PVC 4 ABS 7 Fiberglass Threaded X
Blank casing diameter 2 in. to 14.55 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height below land surface 0.41 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____
TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify) _____
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot (3) Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From 14.55 ft. to 24.55 ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 13 ft. to 25.00 ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite (4) Other Concrete: 0-1 feet
Grout Intervals From 1 ft. to 13 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon (11) Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well
Direction from well? SW How many feet? 60 ft

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	Grass on top; Brown silty clay			
10	20	Clayey silt			
20	25	Medium to coarse grained sand			
					Flushmount waiver from BOW

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10/8/13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 11/5/13 under the business name of Larsen & Associates, Inc. by (signature) _____.

INSTRUCTIONS: Please fill in blanks 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., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.

Project Name & Site I.D: B&B Distributing, Inc., U5-081-00476

KSA 82a-1212