

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

Location listed as:

Section-Township-Range: 18-10S-8E

Fraction (¼ ¼ ¼): NW NW NE

County: Riley

Location changed to:

7-10S-8E

SW SW SW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool, well owner's address, city street map, and mapping tool on KGS website. initials: ORL date: 10/23/2009

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 1/4 NW 1/4 NE 1/4, Section Number: 18, Township Number: T 10 S, Range Number: R 8 W. Distance and direction from nearest town or city street address of well if located within city? - At well owner's address

2 WATER WELL OWNER: Peter Clark, RR#, St. Address, Box #: 1020 Thurston, City, State, ZIP Code: Manhattan, KS. Global Positioning Systems (decimal degrees, min. of 4 digits): Latitude: 39.18997, Longitude: 96.57249, Elevation: 1059, Datum: WGS 84, Data Collection Method: hand held

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: A 3x3 grid with 'X' in the top-right cell. Labels: N, S, E, W.

4 DEPTH OF COMPLETED WELL: 200 ft. Depth(s) Groundwater Encountered (1)... ft. (2)... ft. (3)... ft. WELL'S STATIC WATER LEVEL... ft. below land surface measured on mo/day/yr... 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, 12 Other (Specify below) Ground Source. 1 Domestic, 3 Feedlot, 6 Oil field water supply, 9 Dewatering, 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/yr 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) HDPE, 2 PVC, 4 ABS, 7 Fiberglass, Threaded... Blank casing diameter... in. to... ft., Diameter... in. to... ft., Diameter... in. to... ft. Casing height above land surface... 60" in., Weight... lbs./ft. Wall thickness or gauge No. SDR 11. 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 Gauzed 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... ft. to... ft., From... ft. to... ft., From... ft. to... ft. GRAVEL PACK INTERVALS: 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... Grout Intervals: From 200 ft. to 0 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) House, 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? North, How many feet? 10

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows: 0-25 Clay, 25-48 Sand & clay, 48-58 Sand, 58-62 weathered limestone, 62-110 Gray shale, 110-112 Limestone, 112-168 All shale, 168-171 Limestone, 171-188 Gray shale.

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) 8/12/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760... This Water Well Record was completed on (mo/day/year) 10/8/08 under the business name of Associated Drilling Inc by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point 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., 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/index.html.