

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

(to rectify lacking or incorrect information)

County: Riley

Location listed as:

Section-Township-Range: 19-105-8 E

Fraction (1/4 1/4 1/4): NE NE NE

Location changed to:

18-105-8 E

NW SE SE SE

Other changes: Initial statements: Pott County

Changed to: Riley County

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool, and mapping tool on KGS website.

initials: DRJ date: 4/8/2010

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: Polk Fraction: NE 1/4 NE 1/4 NE 1/4 Section Number: 19 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? 3rd St **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: 39.17606
 Longitude: 96.55948
 Elevation: 999
 Datum: NAD 83
 Data Collection Method: Hand Held

2 WATER WELL OWNER: City of Manhattan
 RR#, St. Address, Box # : 1101 Pointz Ave
 City, State, ZIP Code : Manhattan, KS 66520

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

| | | | |
|---|----|----|---|
| W | NW | NE | E |
| | | X | |
| | SW | SE | |
| | S | | |

4 DEPTH OF COMPLETED WELL 300 ft.
 Depth(s) Groundwater Encountered (1) 21 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 100 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Ground Source
 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 Other (specify below) Welded
 2 PVC 4 ABS 7 Fiberglass HDPE Threaded
 Blank casing diameter 3.1 in. to 300 ft., Diameter in. to ft., Diameter in. to ft.
 Casing height 300 ft. 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.
 GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite Other Thermal Enhanced
 Grout Intervals: From 300 ft. to 0 ft., From ft. to ft., From ft. to ft.
 What is the nearest source of possible contamination: Open Site
 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? How many feet?

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|--------------------|------|-----|--------------------|
| 0 | 6 | Soil | 157 | 239 | AB Shell |
| 6 | 21 | Sand med | 239 | 246 | Limestone |
| 21 | 45 | Gravel med - Large | 246 | 260 | AB Shell |
| 45 | 83 | Shale | 260 | 273 | Shale |
| 83 | 87 | Limestone | 273 | 300 | Limestone |
| 87 | 140 | Shale | | | |
| 140 | 143 | Limestone | | | |
| 143 | 145 | Shale Gray | | | |
| 148 | 151 | Limestone | | | |
| 151 | 157 | 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) 10-13-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 160 This Water Well Record was completed on (mo/day/year) 10-9-10 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>.