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

(to rectify lacking or incorrect information)

County: Wyandotte

Location listed as:	**Location changed to:**
Section-Township-Range: 11 - 11S - 25E	11 - 11S - 25E
Fraction (¼ ¼ ¼): None Given	SW SW SW

Other changes: Initial statements: 37 S St. James, Kansas City

Changed to: 37 S. James St., Kansas City, KS

Comments:

verification method: Well owner's address on internet, well address, city street map on internet, and Kansas City 1:24,000 topo. map.

initials: DRL date: 11/29/2005

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.

NW-10

WATER WELL RECORD — Form WWC-5

Division of Water Resources; App. No. [redacted]

1 LOCATION OF WATER WELL: County: Wyandotte | Fraction: ¼ ¼ ¼ | Section Number: 11 | Township Number: T 11 S | Range Number: R 25 (E) W

Distance and direction from nearest town or city street address of well if located within city? 37 S St. James, Kansas City

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

2 WATER WELL OWNER: Ryder Truck Rental, Inc.
RR#, St. Address, Box # : 11690 NW 105th STREET
City, State, ZIP Code : MIAMI, FL 33178

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

N / W / E / S; NW, NE, SW, SE

4 DEPTH OF COMPLETED WELL ..... 32.02 ..... ft.

Depth(s) Groundwater Encountered (1) 27 ft. (2) ..... ft. (3) ..... ft.
WELL'S STATIC WATER LEVEL 26.47 ft. below land surface measured on mo/day/yr 10/8/05
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 Feedlot 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 .....

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 22 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface -0.176 in., weight ..... lbs./ft. Wall thickness or guage No. Sch. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass (7) PVC 9 ABS 11 Other (Specify) .....
2 Brass 4 Galvanized Steal 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. Guazed 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 22.02 ft. to 32.02 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 20 ft. to 32.02 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 .....
Grout Intervals: From 1.5 ft. to 20 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) UST BASIN
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 wll/gas well
Direction from well? NE How many feet? 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Asphalt Cover/Hand Auger Dark Brown clay with Silt			
5	10	Dark Gray and Dark Brown clay Trace Pebbles			
10	15	NO Recovery			
15	20	NO Recovery			
20	25	NO Recovery			
25	30	NO Recovery			
30	32	Dark gray + Brown Clay w/Pebbles Sand + Silt			

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) 10-13-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 704 This Water Well Recored was completed on (mo/day/year) .....
Under the business name of MAK by (signature) David Mayo

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.