CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) (to rectify lacking or incorrect information)  Owner: Kansas Avenue Properties  Location was listed as: Location changed to:  Section-Township-Range: //5-25 =	County: Wyandotte Fraction SWSWSES	Sec/5 T//_S R_25 EW
Owner: Kansas Avenue Properties  Location was listed as:  Section-Township-Range: //5-25 = /5-//5-25 =  Fraction (1/4 1/4 1/4): NE NE SW SW SE SE  Other changes: Initial statements:  Changed to:  Comments:  Verification method: Latitude & Longitude, KGS' "LEO" Conversion tool, wellsite address & city street map, and mapping tool & aerial photos on KGS web site initials: Declare: 1//4/20/3	CORRECTION(S) TO WATER WELL COMPL	ETION RECORD (WWC-5)
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Verification method: Latitude & Longitude, KGS' LEO" conversion tool,  wellsite address & city street map, and mapping tool &  aerial photos on KGS website initials: (DRAdate: 11/14/2013)	·	
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to. Kansas Dept of Health & Environment, Dureau of Water, 1999 S. H. Sastissas, J. L.	to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jacks	son, Suite 420, Topeka, KS 66612-1367.

1 LOCATION OF WA	VELL RECORD Form WWC-5 Division of Water Resources App. No.							
County: WULSIA	TER WELL:	Fraction		Section Mumber	Township No.	· · · · · · · · · · · · · · · · · · ·		
Street/Rural Midress of	was	f unknown, distance	E 1/4 NE 1/2	4	T = S	Range Number R <b>25</b> E □W		
from nearest town or i	intersection. If at	n unknown, distance	e & direction	Global Positioni	ng System (GPS) i	nformation:		
31 Kanagari	Hue.	wher s address, en	ck nere	Longitude:	Global Positioning System (GPS) information: Latitude:			
Kansas Cit	tu, KS			Elevation:	Elevation:			
2 WATER WELL OW	2 WATER WELL OWNER: Kansas Aug Properties RR#, Street Address, Box #: 3840 W. 139th. Terrale			— <u>Datum</u> : ☐ WGS	Datum: WGS 84, NAD 83, NAD 27			
RR#, Street Address,	Box #: 38401	1) 139th Te	mees	GPS unit (M	Collection Method: GPS unit (Make/Model: Etick			
City, State, ZIP Code Leawood, Ks. Was 4				Digital Map/Photo, Topographic Map, Land Survey				
3 LOCATE WELL	Leavo	ex, ro. was	<b>64</b>	Est. Accuracy:	<3 m, 3-5 m,	5-15 m, $\square > 15$ m		
WITH AN "X" IN	4 DEPTH OF C	COMPLETED WE	11 35 <sup>1</sup>	,				
SECTION BOX:	Depth(s) Ground	water Encountered	(1) 36	fr (2)	ī. ♣ (	2)		
N	METT 221VII	C WATER LEVEL	¥⊃!► ft	below land surface	managarad on mald	3)ft. ay/yr. <b>6/24/13</b>		
	i i ump	icoi dala. WEII Wa	ici was	πanter	hours num	nina		
NW NE		gpill Jycli wal	ter was	II affer	hours num	min a		
W   E	Dore Hole Diame	terin, to	<i>ચ</i> ુ	ft., and in	n. to	ft.		
	WELL WATER	TO BE USED AS:	☐ Public wat	ter supply $\square$ G	eothermal 🔲 I	niection well		
SW SE		Feedlot	Oil field wat	er supply 🔲 🖺	ewatering $\square$	Other (Specify holow)		
	☐ Irrigation	muusuriai	Domestic-lay	wn & garden 🔀 N	fonitoring well			
S	vv as a chemical/	pacteriological samp lay/yr sample was si	ie submitted to	Department'?	Yes 🗶 No			
mile	Water well disinf	ected?  Yes	iomitiea	• • • • • • • • • • • • • • • • • • • •				
5 TYPE OF CASING U								
CASING IOINTS: III	Cloud D Claus		- <b>L</b>					
CASING JOINTS:	in to 20	ped   Welded	Threaded	1	Specific Control	•		
Casing diameter Casing height above lan TYPE OF SCREEN OR F	id surface	in Weigh	in. '	to ft., I	Diameter	in. to ft.		
TYPE OF SCREEN OR F	PERFORATION N	MATERIAI., Weign	ıt	lbs./ft., Wall thi	ickness or gauge No	Sen 47)!		
☐ Steel ☐ Stair	nless Steel	M PVC	П	Other (Specify)				
☐ Brass ☐ Galv	vanized Steel	None used (open	hole)	other (Specify)	********************	• • • • • • • • • • • • • • • • • • • •		
SCREEN OR PERFORA	TION OPENINGS	ARE:	_					
Continuous slot	Mill slot	Gauze wrapped	Torch cut	Drilled holes	None (open hole	)		
Louvered shutter SCREEN-PERFORATED	) INTERVALS. F	wire wrapped	Saw cut	☐ Other (specify)				
old ill	F	rom	ft to	ft., From	ft. to	) ft.		
GRAVEL PACK	INTERVALS: F	rom. 35	ft to 18	ft From	II. to	o ft. o ft. o ft.		
	Г	rom	ft. to	ft From	II. II. II. II. III. II	o ft. o ft.		
GROUT MATERIAL:		ı i Cemeniyini	i ima Hent∩n	ITA III ()that II	T 1/1 A # # / 1			
Grout Intervals: From.	ft. to .	ft From	ո <b></b> ք	t. to . 6 ft.,	From	ft. toft.		
That is the hearest source	or bossible collian	imation:	_	,		16. 60		
☐ Septic tank☐ Sewer lines	Lateral lines		Livestock pe			(specify below)		
Watertight sewer lin	Cesspool	Sewage lagoon	Fuel storage		d water well - W	uensuse		
Direction from well .	ethous	reedyald	Fertilizer sto Distance f	· · · · · · · · · · · · · · · · · · ·		Stologe		
ROM TO	LITHOLOGIC		FROM			COLO DITEDILLA G		
0 ,50 Asor	1112		TROW	TO LITTO, L	or (cont.) or PLUC	GING INTERVALS		
50 4.0 DKBI	DAIDIO	e lange	0.					
LD 8.D BLAD	k-modil	MACLETO.						
D 16.0 HOL	Mayers	OUTO 1		Toxe	11.2000 110	100		
6. b 22.0 King	Unath	situ clau		- RAY	DALLA DA	ATT		
	s func-co	ause san	1		THE THE THE			
2.0 35.D KUD								
and 35 d Khai								
a.d 35.d Kla			<u></u>					
2.0 35.D KLA								
	LANDOWNER'S	CERTIFICATIO	This water	well was X constru	ucted, ☐ reconstruc	ted, or □ plugged		
CONTRACTOR'S OR I	LANDOWNER'S	CERTIFICATION	This water	well was X construction construction construction	ucted, $\square$ reconstruct the best of my known	ted, or plugged		
CONTRACTOR'S OR Inder my jurisdiction and was as Water Well Contrac	TOTAL TREE INC.	الا Inis کا است	vater Well Red	Cord was completed	on (ma/day/zraam)	ted, or  plugged pwledge and belief.		
CONTRACTOR'S OR Inder my jurisdiction and wasas Water Well Contracted and the business name of the business name o	ABENIL	Ankonta	ater Well Red	ord was completed	on (mo/day/year)	430113		
CONTRACTOR'S OR Inder my jurisdiction and was water Well Contract ander the business name of the NSTRUCTIONS: Use typewrite white, blue, pink) to Kansas Dep	er ball point pen. Experiment of Health and	LEASE PRESS FIRMLY Environment Bureau	and <u>PRINT</u> clear	by (signature)  ly. Please fill in blanks	on (mo/day/year) .	nswers. Send three copies		
CONTRACTOR'S OR Inder my jurisdiction and wasas Water Well Contracted and the business name of the business name o	er ball point pen. Fortment of Health and	LEASE PRESS FIRMLY Environment Bureau	and <u>PRINT</u> clear	by (signature)  ly. Please fill in blanks	on (mo/day/year) .	nswers. Send three copies		