County: Wyandotte Fraction SE SE SW SE Sec. 15 T // S R 23 (E)W
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: 22-//5-25 = /5-//5-25 = Fraction (1/4 1/4 1/4): None Given SESESW SE
Fraction (1/4 1/4 1/4): None Given SESESWSE
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 website initials: Dredate: 1//14/20/3 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.

Texpulli WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number County: U Distance and direction from nearest town or city street address of well if located within city?

51 Kansas Ave Kansas City, Ks. WATER WELL OWNER: Karsas Ave Propittie Global Positioning Systems (decimal degrees, min. of 4 digits 1 titude: 34 05 6.0 Elevation: City, State ZIP Code: Leawood, KS. 66224 Datum: Data Collection Method: 4 DEPTH OF WELL MARK WELL'S LOCATION WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL 25. BOX: WELL WAS USED AS: 1 Domestic 5 Public Water Supply Dewatering 10 Monitoring Tex 2 Irrigation 6 Oil Field Water Supply W 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other ___ SW SE Was a chemical/bacteriological sample submitted to Department? Yes_____ NoX TYPE OF BLANK CASING USED: 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter in. Was casing pulled? Yes No _____ No ____ If yes, how much 10' Bentonite **GROUT PLUG MATERIAL:** 2 Cement grout 1 Neat cement 4 Other Grout Plug Intervals: From ft. to _____ft., From _____ to ___ ft. What is the nearest source of possible contamination: 16 Other (specify below) 1 Septic tank 6 Seepage pit 11 Fuel Storage 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? PLUGGING MATERIALS FROM TO **FROM** PLUGGING MATERIALS 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was and this record is true to the best of my knowledge and belef. Kansas Water completed on (mo/day/year) 6/28/1 . This Water Well Record was completed on (mo/day/year) Well Contractor's License No. by (signature) Cares & business name of BEnvisnmental **INSTRUCTIONS:** Use typewriter or ballpoint 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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your

records. Visit us at http://www.kdheks.gov/geo/waterwells.