

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

MW 15

|  |   |                      |                           |   |
|--|---|----------------------|---------------------------|---|
| <b>LOCATION OF WATER WELL:</b><br>County: <u>Johnson</u> | Fraction<br><u>      </u> ¼ <u>SE</u> ¼ <u>NE</u> ¼ <u>SW</u> ¼ | Section<br><u>11</u> | Township<br><u>T 12 S</u> | Range<br><u>R 24</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W |
|--|---|----------------------|---------------------------|---|

Owner: Coastal Mart Inc

Location was listed as:

Sec. 11 T 12 S R 24 E W

Fraction: NE NE NE       

Location changed to:

Sec. 11 T 12 S R 24 E W

Fraction:        SE NE SW

Other changes: Initial statements: Recived plugging record with note from driller that the site map and our quarter sections on the completion form and in the database did not match.

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

Verification method: Used site map from driller, aerial image, well completion and plugging forms.

initials: df date: 04/22/2014

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.

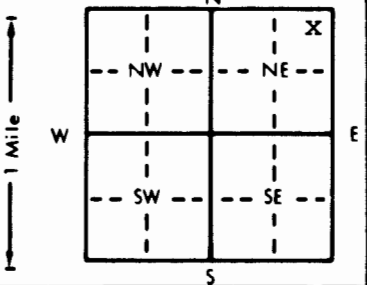
WATER WELL RECORD Form WWC-5 KSA 82a-1212

|   |   |                             |                                  |                               |
|---|---|-----------------------------|----------------------------------|-------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <b>JOHNSON</b> | Fraction<br><b>NE 1/4 NE 1/4 NE 1/4</b> | Section Number<br><b>11</b> | Township Number<br><b>T 12 S</b> | Range Number<br><b>R 24 E</b> |
|---|---|-----------------------------|----------------------------------|-------------------------------|

Distance and direction from nearest town or city street address of well if located within city?  
**6010 NIEMAN RD SHAWNEE, KS** MW#15

2 WATER WELL OWNER: **COASTAL MART INC C/O DEBBIE HARRIS**  
 RR#, St. Address, Box # : **9 GREENWAY PLAZA SUITE 2810**  
 City, State, ZIP Code : **HOUSTON, TX 77046**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

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



4 DEPTH OF COMPLETED WELL... **14.5** ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered **1** ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL **14.5** 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  
 Bore Hole Diameter... **7 1/4** in. to **14.5** ft., and ..... in. to ..... ft.  
 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 Lawn and garden only  Monitoring well .....  
 Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes No

5 TYPE OF BLANK 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 .....  
 PVC 4 ABS 7 Fiberglass ..... Threaded   
 Blank casing diameter ..... 2 ..... in. to ..... 5 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... 0 ..... in., weight **schd 40** ..... lbs./ft. Wall thickness or gauge No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL:  PVC 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 1 Continuous slot  3 Mill slot **010** 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From **14.5** ft. to **5** ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **14.5** ft. to **3.5** 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 **2** ft. to **0.03** ft., From **3.5** ft. to **2** 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 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)  
 Direction from well? **east** How many feet? **40**

| FROM | TO   | LITHOLOGIC LOG                               | FROM | TO | PLUGGING INTERVALS |
|------|------|--|------|----|--------------------|
| 0    | 5"   | ASPHALT                                      |      |    |                    |
| 5"   | 2    | ROCK FILL & CLAY                             |      |    |                    |
| 2    | 8    | BRN SILTY CLAY                               |      |    |                    |
| 8    | 13   | VERY DARK BRN TO BLK SILTY CLAY<br>WET AT 10 |      |    |                    |
| 13   | 14.5 | WEATHERED DARK BRN SILTY CLAY                |      |    |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **5-7-98** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **575** This Water Well Record was completed on (mo/day/yr) **5-20-98** under the business name of **KURTZ ENVIRONMENTAL SERVICE** 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E W SEC. 1/4 1/4 1/4

