

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

(to rectify lacking or incorrect information)

County: Johnson

Location listed as:

Section-Township-Range: 8-12S-25EFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NW NW SW

Location changed to:

8-12S-25ENE NW SWOther changes: Initial statements: 6819 Mission Dr.Changed to: 6819 Johnson Dr.Comments: Well owner's address obtained from online directory.verification method: Well owner's address, city street map online,
and mapping tool on KGS website.initials: DRJ date: 5/30/2006submitted 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.

1 LOCATION OF WATER WELL: County: <u>Johnson</u>	Fraction <u>NN¹/₄ NW¹/₄ SW¹/₄</u>	Section Number <u>8</u>	Township Number <u>12 S</u>	Range Number <u>25</u> <u>EW</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>Keystone Chrysler, 6819 Mission Dr. Mission KS - well located on west South side of building</u>																												
2 WATER WELL OWNER: <u>Keystone Real Estate Development, LLC</u> RR #, St. Address, Box #: <u>6819 Mission Dr.</u> City, State, ZIP Code: <u>Mission, KS 66202</u> Board of Agriculture, Division of Water Resources Application Number:																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N NW NE W X E SW SE S		4 DEPTH OF WELL <u>20</u> ft. WELL'S STATIC WATER LEVEL <u>6.80</u> ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 <u>Monitoring Well</u> 11 Injection Well 12 Other																										
		Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>X</u>																										
5 TYPE OF BLANK CASING USED: 1 Steel 2 <u>PVC</u> 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>11</u> Casing height above or below land surface <u>Flush</u> in.																												
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other Grout Plug Intervals: From <u>20</u> ft. to <u>1</u> ft., From <u>1</u> ft. to <u>0</u> ft., From to ft. What is the nearest source of possible contamination: <u>concrete</u> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) Direction from well? How many feet?																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>20</u></td> <td><u>1</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td><u>1</u></td> <td><u>0</u></td> <td><u>concrete</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	<u>20</u>	<u>1</u>	<u>Bentonite</u>	<u>1</u>	<u>0</u>	<u>concrete</u>															
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7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3/31/06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>710</u> This Water Well Record was completed on (mo/day/year) <u>4/6/06</u> under the business name of <u>Below Ground Surface, Inc.</u> by (signature) <u>white</u>																												

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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.