

County: Johnson Fraction NE NE SE SE Sec. 26 T 12 S R 25 (E)W

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

(to rectify lacking or incorrect information)

Owner: Atlantic Richfield Co.

Location was listed as:

Section-Township-Range: 26-12 S-25 E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NE SW SW

Location changed to:

26-12 S-25 E

NE NE SE SE

Other changes: Initial statements: Longitude: 94.6081

Changed to: Longitude: 94.6083

Comments: _____

Verification method: Written & legal descriptions, Latitude & Longitude & KGS' "LEO" conversion tool, and mapping tool on KGS website.

initials: DR date: 1/13/2014

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.

VW-9

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: Johnson	Fraction <u>1/4 NE 1/4 SW 1/4 SW 1/4</u>	Section Number <u>26</u>	Township Number <u>T 12 S</u>	Range Number <u>25</u> ☒ E ☐ W
Street/Rural Address of Well Location: if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ <u>100' South of 84th Terr. & State line Rd. Prairie Village, KS</u>		Global Positioning Systems (GPS) information: Latitude: <u>38.9742</u> (in decimal degrees) Longitude: <u>94.6081</u> (in decimal degrees) Elevation: _____ Datum: ☐ WGS84, ☒ NAD83, ☐ NAD27 Collection Method: ☒ GPS unit (Make/Model: <u>Garmin ETRX</u>) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ < 3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ > 15 m		
2 WATER WELL OWNER: Atlantic Richfield Co RR#, St. Address, Box #: 150 St Peters Centre Blvd City, State ZIP Code: St. Peters, MO 63376				

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>7.6</u> ft. WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: ☐ Domestic ☐ Irrigation ☐ Feedlot ☐ Industrial ☐ Public Water Supply ☐ Oil Field Water Supply ☐ Domestic (Lawn & Garden) ☐ Air Conditioning ☐ Dewatering ☒ Monitoring ☐ Injection Well ☐ Other _____ Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒
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5 TYPE OF BLANK CASING USED:

☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below) _____
☒ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

Blank casing diameter 2 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 111

Casing height above or below land surface -6 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____

Grout Plug Intervals: From 3 ft. to 7.6 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank	☐ Seepage pit	☐ Fuel Storage	☒ Other (specify below) <u>Gas Station</u> Direction from well? <u>E</u> How many feet? <u>100</u>
☐ Sewer lines	☐ Pit privy	☐ Fertilizer storage	
☐ Watertight sewer lines	☐ Sewage lagoon	☐ Insecticide storage	
☐ Lateral lines	☐ Feedyard	☐ Abandoned water well	
☐ Cess pool	☐ Livestock pens	☐ Oil well/Gas well	

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Top Soil			
3	7.6	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/13/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710. This Water Well Record was completed on (mo/day/year) 12/27/12 under the business name of Below Ground Surface, Inc. by (signature) [Signature]

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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: ☐ White Copy ☐ Blue Copy ☐ Pink Copy