

County: Douglas Fraction SW SW NW NW Sec. 12 T 13 S R 19 EW

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

Owner: ReCor Properties

Location was listed as:

Section-Township-Range: 12-135-19E

Fraction (1/4 1/4 1/4): NW NE SW

Location changed to:

12-135-19E

SW SW NW NW

Other changes: Initial statements: Latitude: 39.24683, Longitude: 95.84183,  
no datum given.

Changed to: Latitude: 38.93914, Longitude: -95.26022, NGS 84

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

Verification method: Well site address, latitude & longitude given on  
attached sheet, and mapping tool on KGS website.

initials: DR date: 9/30/2016

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 660473726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

**WATER WELL RECORD Form WWC-5**

1108

Division of Water Resources App. No.

Well ID

Original Record  Correction  Change in Well Use

**1 LOCATION OF WATER WELL:** County: Douglas Fraction: 1/4NW, 1/4NE, 1/4SW Section Number: 12 Township Number: T 13 S Range Number: R 19 E

**2 WELL OWNER:** Last Name: Resol Properties First: Mikes Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:   
 Business: Resol Properties Address: 7171 W. 95th. St., Suite 230 2134 Iowa St Lawrence, Ks.  
 City: Overland Park State: KS ZIP: 66212

**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N

NW	NE
X	
SW	SE

S

|-----1 mile-----|

**4 DEPTH OF COMPLETED WELL:** 18' ft.

Depth(s) Groundwater Encountered: 1) ..... ft.  
 2) ..... ft. 3) ..... ft. or 4)  Dry Well

WELL'S STATIC WATER LEVEL: 16.38 ft. 4/15/16  
 below land surface, measured on (mo-day-yr) .....  
 above land surface, measured on (mo-day-yr) .....

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Well water was ..... ft. after ..... hours pumping ..... gpm

Estimated Yield: 475 gpm 18'  
 Bore Hole Diameter: 4 1/2 in. to ..... ft. and ..... in. to ..... ft.

**5 Latitude:** 39.24683 (decimal degrees)  
**Longitude:** 95.84183 (decimal degrees)  
 Datum:  WGS 84  NAD 83  NAD 27  
 Source for Latitude/Longitude:  
 GPS (unit make/model: ..... (WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: .....

**6 Elevation:** ..... ft.  Ground Level  TOC  
 Source:  Land Survey  GPS  Topographic Map  
 Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input checked="" type="checkbox"/> Monitoring: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....
2. <input type="checkbox"/> Irrigation	9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	
3. <input type="checkbox"/> Feedlot		
4. <input type="checkbox"/> Industrial		

Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: .....

Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter 2 1/2 in. to 5 1/2 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface Flush MB in. Weight ..... lbs./ft. Wall thickness or gauge No. Sch 40

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) .....  
 Brass  Galvanized Steel  Concrete tile  None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 6' ft. to 18' ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 3' ft. to 18' ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other concrete  
 Grout Intervals: From 3' ft. to 1' ft., From 18' ft. to 0' ft., From ..... ft. to ..... ft.

Nearest source of possible contamination:  
 Septic Tank  Lateral Lines  Pit Privy  Livestock Pens  Insecticide Storage  
 Sewer Lines  Cess Pool  Sewage Lagoon  Fuel Storage  Abandoned Water Well  
 Watertight Sewer Lines  Seepage Pit  Feedyard  Fertilizer Storage  Oil Well/Gas Well  
 Other (Specify) .....

Direction from well? East Distance from well? 30' ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3.0	Ben silty clay			
3.0	8.5	DK Ben clay			
8.5	15.0	Med. Ben silty clay w/ heavy mottling			
15.0	18.0	Yellow-Russ Ben weathered shale to shale			
Notes:					

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-yr) 4/11/16 and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 432 This Water Well Record was completed on (mo-day-yr) 4/23/16 under the business name of JB Environmental

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.

<b>Facility Number: 01105 AboveGround Tanks: 0-Active 0 -Inactive Under Ground Tanks: 0-Active 5-Inactive</b>
<b>Name: MIKE'S UNIVERSITY 66 SERV Facility Phone: 785-842-1008 24-Hour Contact Name: MIKE AMANT Title: OWNER 24-Hour Phone: 785-218-4632 Update Date: 09/24/2007 Notification/Owner Signed Date: 06/04/2004 Cell Phone: 785-218-4632</b>
<b>Mail Address: 2434 IOWA City: LAWRENCE State: KS ZipCode: 66046</b>
<b>Physical Address: 2434 IOWA City: LAWRENCE State: KS ZipCode: 66046</b>
<b>County -- District: Douglas -- NE Legal Description: of SW of NW of NE Sec: 12 Tws: 13 Rng: 19E</b>
<b>Location Method: GARMIN 3 Location Feature: Facility Center Latitude: 38.93914 Longitude: -95.26022 Datum: WGS84</b>
<b>Inspection Date: 09/27/2013 Inspection Type: Temporarily Closed Inspector: Meredith Roth</b> Observed Releases: Inventory Control Compliance: Deficiencies: Full Release Prevention Compliance: Deficiencies: Full Release Detection Deficiencies: Deficiencies:
<b>Leaking Tank Info*+: L/T Project Code: U4-023-14636 Status: Active CA Date: 8/18/2014 Applicant: 24 Iowa, LLC</b>

► **Owner(01105)(MIKE'S UNIVERSITY 66 SERV)(2200 HARPER, LOT C-2 LAWRENCE KS 66046)(Phone:785-842-1008 OR 785-218-4632)**

▼ **Tanks**

Type	Tank#	Status	Permit	Exempt	YR-Inst	Substance	Capacity	Fill-Rmv-Compl
<u>U</u>	001	Perm Out	No	1978	Gas Unleaded Regular	8,000	Removed	
<u>U</u>	002	Perm Out	No	1969	Gas Unleaded Regular	4,000	Removed	
<u>U</u>	003	Perm Out	No	1969	Gas Unleaded Premium	4,000	Removed	
<u>U</u>	004	Perm Out	No	1969	Diesel Clear	4,000	Removed	
<u>U</u>	005	Perm Out	No	1969	Used Oil	550	Removed	