County: Chase Fraction SENW SENW Sec. 8 T 18 S R 7 (EN
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) (to rectify lacking or incorrect information) Owner: Robbins Ranch LLC
Location changed to:
Location was listed as.
Section-Township-Range: 8-185-7E 8-185-7E
Fraction (4 4 4): None Given SENW SENW
Other changes: Initial statements: Latitude: 38° 39.198'
Changed to:
Comments:
Verification method: Legal description, county ownership map, revised Lat-long & KGS' LEO" CONVERSION tool, and mapping tool & aerial photos on KGS websitenitials: Del date: 12/12/2013 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			r Resources App. N		
1 LOCATION OF WATER WELL: County: C hase.	Fraction 1/4 1/4 1/4	1/4	on Number	Township No. T /8 S	Range Number R	
Street/Rural Address of Well Location;		ection Globa	ıl Positioning	System (GPS) in	nformation:	
from nearest town or intersection: If at o	owner's address, check her	e Latiti	Global Positioning System (GPS) information: Latitude: 1.38.39.1.18			
		Long	Longitude: 1.76			
4	and the same of the same	———— <u>Datur</u>	n: ∐ WGS 8	4, □ NAD 83, □] NAD 27	
2 WATER WELL OWNER: ROBBINS Ranch LLC			Collection Method: GPS unit (Make/Model & Ar yn in Nuv I 14-54)			
RR#, Street Address, Box #: 242 City, State, ZIP Code 57rong City K5			Digital Map/Photo, Topographic Map, Land Survey			
211011	OFPY (D	Est. A	ccuracy: [] <	<3 m, □ 3-5 m, □] 5-15 m,	
3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF	ATE WELL HAN "Y" IN 4 DEPTH OF COMPLETED WELL ft.					
SECTION BOX: Depth(s) Ground	vater Encountered (1)					
N WELL'S STAT	DEPTH OF COMPLETED WELL Depth(s) Groundwater Encountered (1)					
	Pump test data: Well water was					
Para Hata Diameter 29 in to 20 ft and in to						
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well						
□ Domestic □ Dil field water supply □ Dewatering □ Other (Specify below) □ Irrigation □ Industrial □ Domestic-lawn & garden □ Monitoring well						
Was a chemical/bacteriological sample submitted to Department? Yes No						
S If yes, mo/day/yr sample was submitted						
1 mile Water well disinfected? 🛣 Yes 🗌 No						
5 TYPE OF CASING USED: Steel Y PVC Other						
Casing diameter	O ft. Diameter	in. to	ft., I	Diameter	in. to ft.	
Casing diameter						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
☐ Steel ☐ Stainless Steel ☐ Brass ☐ Galvanized Steel	PVC None used (open hole)		Specify)			
SCREEN OR PERFORATION OPENINGS ARE:						
Continuous slot Mill slot	Gauze wrapped To	orch cut 🔼 Dr sw.cut 🗆 Ot	illed holes her (specify)	☐ None (open ho	ile)	
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From 3.5						
From						
GRAVEL PACK INTERVALS: From						
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.						
Grout Intervals: From A.U. ft. to ft., From ft., From ft., From ft., From ft.						
What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)						
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well						
Watertight sewer lines Seepage		Fertilizer storage	∐ Oil well/g			
Direction from well		Distance from w			UGGING INTERVALS	
0 4 75						
4 11 C184W HILLG	rarel		0/9	Srptic Ja	nk .	
12 25 Shale Veri			15	HOVEDS	Hale thelean	
2520 Limed Sha	le Extisw	:	612	11 0 10 17	MALCAN	
3035 Lime & Shall	Forthiley?		102 6 13	7		
35 40 Chayshale	<i>J</i> ©					
HO 80 Versigated Sh	ale					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was T constructed, a reconstructed, or plugged						
under my jurisdiction and was completed on (mo/day/year) .// / 3 and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No 3.0.3. This Water Well Record was completed on (mo/day/year) //- 75-/3. under the business name of Maria Drilling of Maria so by (signature) of Maria so by (signature)						
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies						
(white, blue, pink) to Kansas Department of Health Telephone 785-296-5524. Send one copy to WA	n and Environment, Bureau of V	Vater, Geology Sect	ion, 1000 SW J	ackson St., Suite 420	, Topeka, Kansas 66612-1367.	
http://www.kdheks.gov/waterwell/index.html.	TER WELL OWNER and Icia	0110 101 your 100	morado <u>r</u>	01 00,00 101 0001		
KSA 82a-1212						