

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

Location listed as:

Section-Township-Range: 13

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

Other changes: Initial statements: _____

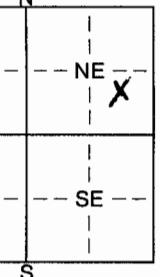
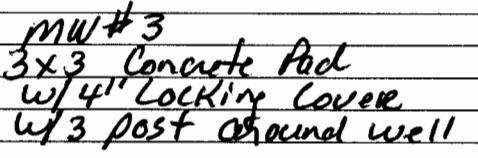
Changed to: _____

Comments: _____

verification method: Butler Co ownership map and directions from Driller

initials: SB date: 8-31-04

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.

1 LOCATION OF WATER WELL:	Fraction 1/4 SE 1/4 NE 1/4	Section Number 13	Township Number T	Range Number S	
County: <u>Butler</u>	Distance and direction from nearest town or city street address of well if located within city?				
2 WATER WELL OWNER:		MAGELLAN PIPELINE COMPANY, LLC ONE WILLIAMS CENTER TULSA, OK 74172			
RR#, St. Address, Box #		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code		Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL. 12.0 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL 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. 8 in. to ft. and in. to ft. E WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 1.1 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 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:		1 Steel 3 RMP (SR) <u>2 PVC</u>	5 Wrought iron 6 Asbestos-Cement 4 ABS 7 Fiberglass	8 Concrete tile 9 Other (specify below) <u>7 PVC</u>	
Blank casing diameter		2 1/2 in. to ft., Dia in. to ft., Dia in. to ft.	CASING JOINTS: Glued. Clamped. Welded. Threaded.		
Casing height above land surface		30 ft. in. weight	lbs./ft. Wall thickness or gauge No. 40		
TYPE OF SCREEN OR PERFORATION MATERIAL:		1 Steel 3 Stainless steel 2 Brass 4 Galvanized steel	5 Fiberglass 6 Concrete tile 7 PVC 9 ABS	10 Asbestos-cement 11 Other (specify) 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched	5 Gauzed wrapped 6 Wire wrapped 7 Torch cut	8 Saw cut 9 Drilled holes 10 Other (specify) ft.	
SCREEN-PERFORATED INTERVALS:		From. 12 ft. to 2.5 ft., From ft. to ft.	From ft. to ft., From ft. to ft.		
GRAVEL PACK INTERVALS:		From. 12 ft. to 1.5 ft., From ft. to 5 ft., From ft. to ft.	From ft. to ft., From ft. to ft.		
6 GROUT MATERIAL:		1 Neat cement 2 Cement grout Grout Intervals: From. ft. to ft., From ft. to ft., From ft. to ft.	3 Bentonite 4 Other. Concrete 5'-0'	11 None (open hole) 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)	
What is the nearest source of possible contamination:		1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit	7 Pit privy 8 Sewage lagoon 9 Feedyard	10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage	
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
					

MW#3
3x3 Concrete Pad
w/ 4" locking cover
w/ 3 post around well

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 6-30-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 521 This Water Well Record was completed on (mo/day/yr) 6-30-04 under the business name of GEOTECHNOLOGY, INC. by (signature) Mark J. Jones
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send ten three copies to Kansas Department of Health and