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

(to rectify lacking or incorrect information)

County: Butler

| **Location listed as:** | **Location ~~changed to~~:** |
|---|---|
| Section-Township-Range: | 5-29S-3E |
| Fraction ( ¼ ¼ ¼): | SE NW NW |

**Other changes:** Initial statements: Sedgwick County

Changed to: Butler County

Comments:

verification method: Written & legal descriptions, city street map, and mapping tool on KGS website.

initials: DRL date: 3/2/2006

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.

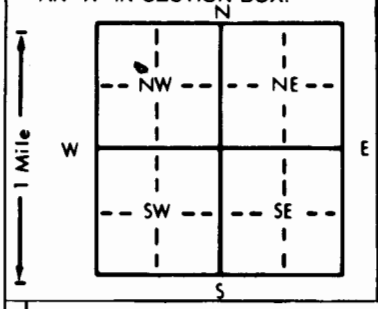
# WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Sedgwick | Fraction: SE ¼ NW ¼ NW ¼ | Section Number: 5 | Township Number: T 29 S | Range Number: R 3E E/W

Distance and direction from nearest town or city street address of well if located within city?
205 Poston, Rose Hill, KS

2 WATER WELL OWNER: Von Salmons
RR#, St. Address, Box # : 205 Poston
City, State, ZIP Code : Rose Hill, KS 67133
Board of Agriculture, Division of Water Resources Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:




4 DEPTH OF COMPLETED WELL 92' 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 9 in. to 92 ft., and ..... in. to ..... ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial (7) Lawn and garden only 10 Monitoring well .....
Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ; If yes, mo/day/yr sample was submitted ..... Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
(2) PVC 4 ABS 7 Fiberglass ..... Threaded
Blank casing diameter 5 in. to 62 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface 12 in., weight ..... lbs./ft. Wall thickness or gauge No. SDR26

TYPE OF SCREEN OR PERFORATION MATERIAL: (7) PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From 62 ft. to 92 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 20 ft. to 92 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other .....
Grout Intervals: From (0) ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
13 Insecticide storage .....
Direction from well? How many feet?

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|---|---|---|---|---|---|
| 0 | 22 | clay | | | |
| 22 | 35 | shale | | | |
| 35 | 40 | lime | | | |
| 40 | 63 | shale w/lime stks | | | |
| 63 | 92 | cherty lime | | | |

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) 5-2-00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 171 This Water Well Record was completed on (mo/day/yr) 5-20-00 under the business name of GXS Drilling, Inc. by (signature)

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼