

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

County: Riley

Location listed as:

Location changed to:

Section-Township-Range: 34-9S-7W

34-9S-7E

Fraction (1/4 1/4 1/4): SW SE SE

NW NW SE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool, and mapping tool on KGS website.

initials: DR date: 10/23/2009

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

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Riley, Fraction SW 1/4 SE 1/4 SE 1/4, Section Number 39, Township Number T 9 S, Range Number R 70 W. Distance and direction from nearest town or city street address of well if located within city? Just outside of NW edge of Manhattan.

2 WATER WELL OWNER: Daryl Fulkerts, RR#, St. Address, Box #: 1808 A. Little Kitten Ave., City, State, ZIP Code: Manhattan, KS 66503. Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.2215, Longitude: 96.62972, Elevation: 1053, Datum: 66584, Data Collection Method: Hand Held.

3 LOCATE WELL'S LOCATION WITH AN 'X' IN SECTION BOX: [Diagram showing a 2x2 grid with 'X' in the SE quadrant]. 4 DEPTH OF COMPLETED WELL: 300 ft. 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 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) Ground Source, 2 Irrigation, 4 Industrial, 7 Domestic (lawn & garden), 10 Monitoring well. Was a chemical/bacteriological sample submitted to Department? Yes..... No [X].....; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes..... No [X].....

5 TYPE OF CASING USED: 1 Steel, 3 RMP (SR), 6 Asbestos-Cement, 9 Other (Specify below) HDPE, 2 PVC, 4 ABS, 7 Fiberglass, CASING JOINTS: Glued..... Clamped..... Threaded..... Welded..... Blank casing diameter 3/4 in. to 300 ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft. Casing height above land surface..... 60 in., Weight.....lbs./ft. Wall thickness or guage No. SDR 11. TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel, 3 Stainless Steel, 5 Fiberglass, 7 PVC, 9 ABS, 11 Other (Specify)..... 2 Brass, 4 Galvanized Steel, 6 Concrete tile, 8 RM (SR), 10 Asbestos-Cement, 12 None used (open hole). SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot, 3 Mill slot, 5 Gauzed wrapped, 7 Torch cut, 9 Drilled holes, 11 None (open hole), 2 Louvered shutter, 4 Key punched, 6 Wire wrapped, 8 Saw cut, 10 Other (specify)..... SCREEN-PERFORATED INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: 1 Neat cement, 2 Cement grout, 4 Bentonite, 4 Other..... Grout Intervals: From 300 ft. to 0 ft., From..... ft. to..... 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, 13 Insecticide storage, 16 Other (specify below) Hous., 2 Sewer lines, 5 Cess pool, 8 Sewage lagoon, 11 Fuel storage, 14 Abandoned water well, 3 Watertight sewer lines, 6 Seepage pit, 9 Feedyard, 12 Fertilizer storage, 15 Oil well/gas well. Direction from well? South, How many feet? 30.

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows show depth intervals and lithology: 0-25 Soil/Clay, 25-30 Shale Gray, 30-45 Limestone, 45-166 Alt Shale, 166-175 Limestone, 175-225 Alt Shale, 225-231 Limestone, 231-300 Alt Shale.

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) 7/16/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760. This Water Well Record was completed on (mo/day/year) 10/10/08 under the business name of Associated Drilling Inc by (signature) [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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.