

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

(to rectify lacking or incorrect information)

County: Osborne

Location listed as:

Location changed to:

Section-Township-Range: 27-10S-15W

27-10S-15W

Fraction (¼ ¼ ¼): NE

NW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: written & legal descriptions, position on plat map, and mapping tools & aerial photos on KGS website. initials: ERD date: 8/9/2007

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.

Blank box for application number

1 LOCATION OF WATER WELL: County: Osborne, Fraction 1/4 1/4 1/4 1/4, Section Number 27, Township Number T 10 S, Range Number R 15 E

Distance and direction from nearest town or city street address of well if located within city? from Natoma, 1.5 mi. E. on hwy K-18 to S. on 270th Ave. following rd approx. 2 mi. R. into field. Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: Longitude: Elevation: Datum: Data Collection Method:

2 WATER WELL OWNER: David Gourne, RR#, St. Address, Box # : P.O. Box 261, City, State, ZIP Code : 2663 W. 280th Dr. Paradise, ks. 67658

Elevation: Datum: Data Collection Method:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N, W, E, S grid with 'X' in NE quadrant

4 DEPTH OF COMPLETED WELL ... 58 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 xk 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 .xx....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yesxxx.... No

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued...xxx Clamped..... 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded..... xk PVC 4 ABS 7 Fiberglass Threaded..... Blank casing diameter8..... in. to ...39..... ft., Diameter. in. to ft., Diameter in. toft. Casing height above land surface.....18..... in., Weight.....lbs./ft. Wall thickness or gauge No. SDR 26 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass xk 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 xk Mill slot 5 Guazed 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...39..... ft. to ...58..... ft., From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From...58..... ft. to ...28..... ft., From ft. to ft. From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout xk Bentonite 4 Other Grout Intervals: From ...28..... ft. to0..... ft., From ft. to ft., From ft. toft. 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) 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 xk Oil well/gas well Direction from well? How many feet?

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include: 0-4 Topsoil, 4-21 Clay, 22-26 Fine Sand, 26-41 Clay, 41-55 Medium sand w/large gravel, 55-58 Shale

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 6/30/07..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...767A.... This Water Well Record was completed on (mo/day/year) 7/2/07..... under the business name of Mid Kansas Water Well Service, LLC 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, 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.kdhe.state.ks.us/geo/waterwells.