County: <u>Saline</u> Fraction NE SW NE NW	Sec. 16 T 14 S R 2 EW
CORRECTION(S) TO WATER WELL COMPI	LETION RECORD (WWC-5)
(to rectify lacking or incorrect i	nformation)
Owner: Exline Leasing Inc.	
Location was listed as:	Location changed to:
Section-Township-Range:	
Fraction (¼ ¼ ¼):	
Other changes: Initial statements: 42.: 97.5594	
Long: 38.8392	
Changed to:	
Long: -97.55094	
Comments:	
Verification method: Wellsite address city st	treet map latitude &
Verification method: <u>Wellsite</u> address, city st longitude (corrected), and mapping	tool & aerial photos on
KGS website	initials: OPA date: 10/7/2015
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Con	stant Ave., Lawrence, KS 66047-3726 /
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jacks	on, Suite 420, Topeka, KS 66612-1367.

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WATER WELL REC		Form W	WC-5			r Resources App. N		
County: Saline	iek well;	Fraction NE 1/4 SW 1/4 NE	E MANA M		ion Number 16		Range Number R 2 □E ☑W	
	f Well Location:					A		
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here					Global Positioning System (GPS) information: Latitude:97.5594 (in decimal degrees)			
				Lon	Longitude: 38.8392. (in decimal degrees)			
3256 East Country Club Road Salina, KS 67401			Elev	Elevation: 1224.2				
			Datu	Datum: ☐ WGS 84, ☐ NAD 83, ☑ NAD 27				
2 WATER WELL OW	NER:			Colle	ection Method:			
RR#, Street Address, Box #: Exline Inc. City, State, ZIP Code:				H	☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, Topographic Map, Land Survey			
City, State, 21r Code					Est, Accuracy: 3 m, 3-5 m, 5-15 m, >15 m			
3 LOCATE WELL							2-12 III [] > 13 III	
WITH AN "X" IN	4 DEPTH OF	COMPLETED WEL	.L .7		ft.			
SECTION BOX:								
NN	WELL'S STATIC WATER LEVEL. NAft. below land surface measured on mo/day/yr							
x	Pump test data: Well water wasft. after hours pumping gpm							
NW NE								
WE	WELL WATER	TO BE USED AS: [n Public w	.it., and	.fififi		π. niection well	
	Domestic		Dil field we	ner supt	ly [] De	outerina [] [njection wen Other (Specify below)	
SW SE	☐ Irrigation	☐ Industrial ☐	Domestic-la	awn & e	arden □ Mo	nitoring well	lection point	
		bacteriological sample	e submitted	to Depar	rtment?	Yes V No	***************************************	
s	If yes, mo/	day/yr sample was su	bmitted					
mile	Water well disin	fected? 🗌 Yes 😡	No					
5 TYPE OF CASING US	SED: Steel	PVC 🗆	Other		***************			
CASING JOINTS:	Glued 🔲 Clan	ped Welded	☐ Thread	ed				
Casing diameter .1	in. to .7	ft., Diameter	in	. ta	ft., Di	iameter	. in. to ft.	
Casing height above lan			t	lbs./	ft., Wall thic	kness or gauge N	oSCH.40	
TYPE OF SCREEN OR F				T 0.1	(0			
	nless Steel ranized Steel	None used (open)	unie)	_1 Omer ((Specify)		*******	
SCREEN OR PERFORA								
		Gauze wrapped				☐ None (open hole		
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)								
SCREEN-PERFORATED								
CRAVEL PACK	INTERVALS	From 2	A to 7	*****	II., FIOII		to ft.	
GIGTYEBTACK							to ft.	
6 GROUT MATERIAL:	☐ Neat ceme	nt Cement grou	Bente	onite [Other			
Grout Intervals: From .	.Q ft. to		ı	. ft. to	ft.,	From	. ft. to	
What is the nearest source					_			
Septic tank		es Pit privy Sewage lagoon	Livestock		Insecticide Abandoned		er (specify below)	
Sewer lines Watertight sewer lin					Oil well/gas		mium Contam.	
Direction from well	· 🗀				eli			
FROM TO	LITHOLOG		FROM	TO			GGING INTERVALS	
0 1 Clay, sil	t							
1 7 Clay, sil	t, sand							
		······································				·		
			<u> </u>					
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					<u> </u>			
			 		 			
				L	FSIP-9-2-7			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged								
under my jurisdiction and was completed on (mo/day/year) .9/19/13 and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No. 799 This Water Well Record was completed on (mo/day/year) 12/39/13								
under the business name of Plains Environmental Services by (signature) & Arrect Calabarate								
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suits 420, Topeka, Kansas 66612-1367.								
Telephone 785-296-5524. Send one copy to WATER WELL. OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at								
http://www.kdheks.gov/waterwell/index.html								