

County: Saline Fraction NE SW NE NW Sec. 16 T 14 S R 2 E/W

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

Owner: Exline Leasing, Inc.

Location was listed as:

Location changed to:

Section-Township-Range: _____

Fraction (1/4 1/4 1/4): _____

Other changes: Initial statements: Lat. : 97.5594

Long : 38.8392

Changed to: Lat. : 38.8392

Long : -97.55094

Comments: _____

Verification method: well site address, city street map, latitude & longitude (corrected), and mapping tool & aerial photos on KGS website.

initials: DRL date: 10/7/2015

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: <u>Saline</u>	Fraction NE ¼ SW ¼ NE ¼ NW ¼	Section Number <u>16</u>	Township No. T <u>14</u> S	Range Number R <u>2</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> <u>3256 East Country Club Road</u> <u>Salina, KS 67401</u>		Global Positioning System (GPS) information: Latitude: <u>37.5594</u> (in decimal degrees) Longitude: <u>98.8392</u> (in decimal degrees) Elevation: <u>1224.2</u> Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input checked="" type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input checked="" type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input checked="" type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: RR#, Street Address, Box #: <u>Exline Inc.</u> City, State, ZIP Code : _____				

<p>3 LOCATE WELL WITH AN "X" IN SECTION BOX: N</p> <table border="1" style="margin-left: auto; margin-right: auto; text-align: center;"> <tr> <td style="width: 10px;">W</td> <td style="width: 10px;"> </td> <td style="width: 10px;">X</td> <td style="width: 10px;"> </td> <td style="width: 10px;">E</td> </tr> <tr> <td></td> <td>--NW--</td> <td>--NE--</td> <td></td> <td></td> </tr> <tr> <td></td> <td> </td> <td> </td> <td> </td> <td></td> </tr> <tr> <td></td> <td>--SW--</td> <td>--SE--</td> <td></td> <td></td> </tr> <tr> <td></td> <td> </td> <td> </td> <td> </td> <td></td> </tr> </table> <p style="text-align: center;">S ————— 1 mile —————</p>	W		X		E		--NW--	--NE--									--SW--	--SE--								<p>4 DEPTH OF COMPLETED WELL <u>7</u>..... ft. Depth(s) Groundwater Encountered (1) <u>NA</u>..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL <u>NA</u>..... ft. below land surface measured on <u>mo/day/yr</u>..... 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 <u>3</u>..... in. to <u>2</u>..... ft. and <u>2</u>..... in. to <u>7</u>..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well <input type="checkbox"/> Injection point Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
W		X		E																						
	--NW--	--NE--																								
	--SW--	--SE--																								

5 TYPE OF CASING USED: Steel PVC Other
CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter 3..... in. to 7..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.
Casing height above land surface 24..... in., Weight..... lbs/ft., Wall thickness or gauge No. SCH.40
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify).....
 Brass Galvanized Steel None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify).....
SCREEN-PERFORATED INTERVALS: From 2..... ft. to 7..... ft., From..... ft. to..... ft.
From..... ft. to..... ft., From..... ft. to..... ft.
GRAVEL PACK INTERVALS: From 2..... ft. to 7..... ft., From..... ft. to..... ft.
From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.....
Grout intervals: From 0..... ft. to 2..... ft., From..... ft. to..... ft., From..... ft. to..... ft.
What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well Chromium Contam.
Direction from well..... Distance from well.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Clay, silt			
1	7	Clay, silt, sand			

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) 11/15/13..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 709..... This Water Well Record was completed on (mo/day/year) 12/30/13..... under the business name of Plains Environmental Services..... by (signature).....

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., Suite 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>