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

(to rectify lacking or incorrect information)

County: Saline

Location listed as:	**Location changed to:**
Section-Township-Range: None Given	26 - 14 S - 3 W
Fraction (¼ ¼ ¼):	NW NE NE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, city street map, and mapping tool on KGS website.

initials: DRL date: 3/17/2008

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: SALINE | Fraction: ¼ ¼ ¼ | Section Number | Township Number T S | Range Number R E/W

Distance and direction from nearest town or city street address of well if located within city?
1121 W. CLOUD SALINA, KS.

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

2 WATER WELL OWNER: KWIK
RR#, St. Address, Box # :
City, State, ZIP Code :

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

N / W / E / S — NW, NE, SW, SE

4 DEPTH OF COMPLETED WELL ..... 35 ..... ft.

Depth(s) Groundwater Encountered (1) ..... 31 ..... 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)
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10 Monitoring well) .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No .....; If yes, mo/day/yrs
Sample was submitted ..... Water well disinfected? Yes ..... No .....

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....
(2 PVC) 4 ABS 7 Fiberglass ..... (Threaded) .....
Blank casing diameter ..... 2 ... in. to ..... 25 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface ..... in., Weight ..... lbs./ft. Wall thickness or guage No. .....

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass (7 PVC) 9 ABS 11 Other (Specify) .....
2 Brass 4 Galvanized Steal 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 ..... 25 ..... ft. to ..... 35 ..... ft., 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., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite) 4 Other .....
Grout Intervals: From ..... 1 ..... ft. to ..... 13 ..... 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)
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? ..... How many feet? .....

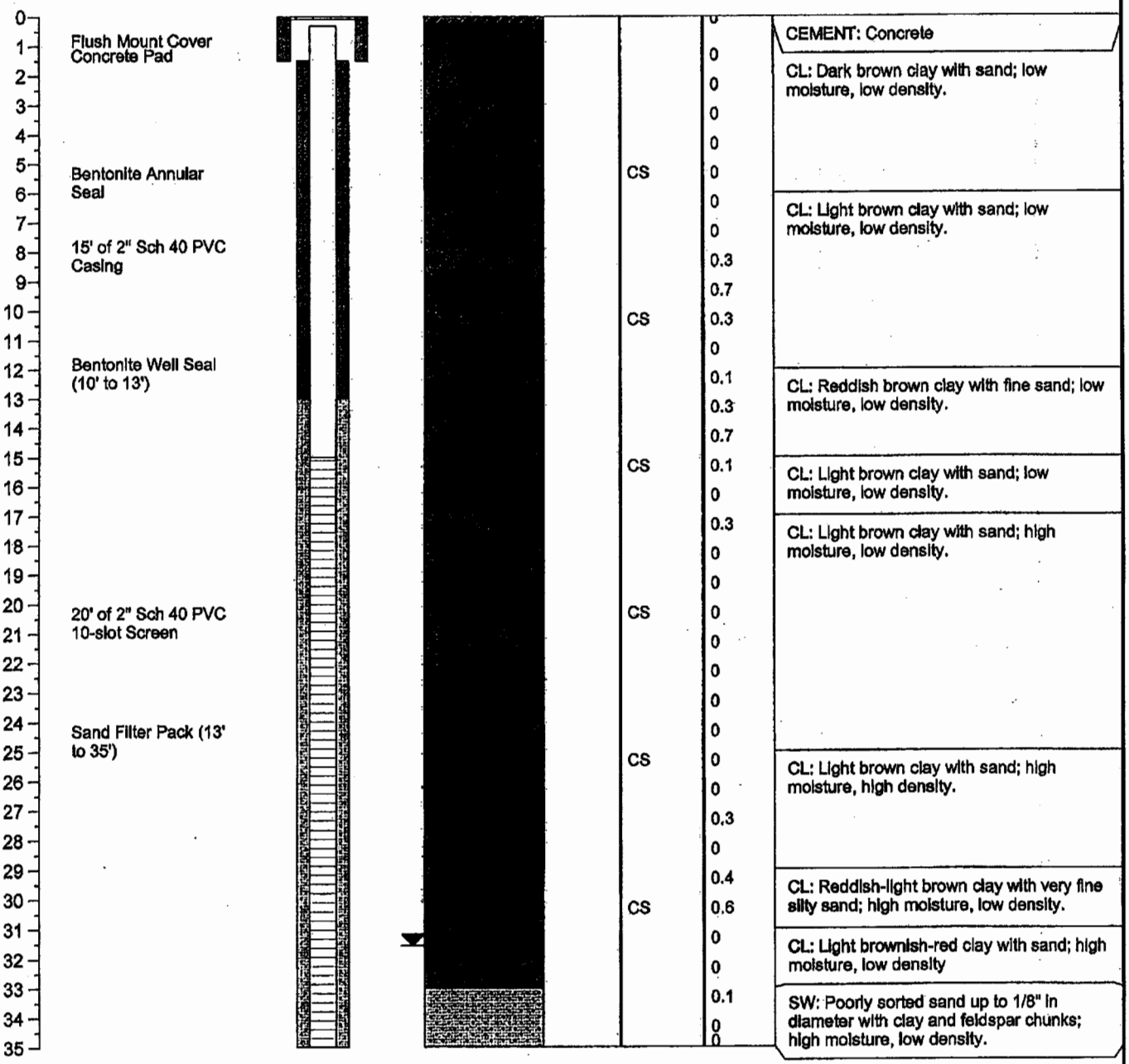
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		SEE ATTACHMENT			

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) 1-17-08 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...728.... This Water Well Record was completed on (mo/day/year) 2-13-08 ..... under the business name of JCC LTD DBA JC DRILLING 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.kdheks.gov/waterwell/index.html.

SOIL BORING AND MONITORING WELL CONSTRUCTION DIAGRAM

Boring/Well Number: MW-11	Facility Name: Kwik Shop 708	Facility Street Address: 1121 West Cloud, Salina, KS
Boring Depth (ft) X Diameter (in): 35' x 8 3/4"		*Drilling Method: HS w/ CS
Well Contractor Name: JC Drilling	Registration#: 531	Logged by: Matt Hjortshoj
Ground Surface Elevation (ASL): 1,235.42		Top of Casing Elevation (ASL): 1.234.96
Date: 1-17-2008 Start Time: 3:00pm	Date: 1-17-2008 End Time: 4:00pm	KDHE Facility ID: 07702 / KDHE Project Code: U5-085-13576



SS (split spoon) HS (hollow stem auger) HA (hand auger) CS (continuous sampler) G (geoprobe)