

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

(to rectify lacking or incorrect information)

County: Saline

Location listed as:

Section-Township-Range: 15-12 S-2 W

Fraction (1/4 1/4 1/4): NE NE NW

Location changed to:

15-14 S-3 W

NE NE NE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool,
well owner's address, area road map, and mapping tool &
aerial photos on KGS website. initials: DRJ date: 8/18/2009

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

HA-1

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:
 County: Saline Fraction NE 1/4 NE 1/4 NW 1/4 Section Number 15 Township Number T 12 S Range Number R 2 E
 Distance and direction from nearest town or city street address of well if located within city? Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 38.50.28.57
 Longitude: 097 38 28.95
Nustal - One Valero Way - San Antonio, Tx
 Elevation: 1225 ft
 Datum: _____
 Data Collection Method: GPS

2 WATER WELL OWNER: Nustal
 RR#, St. Address, Box # 2137 West Old Hwy 40
 City, State, ZIP Code Salina, KS

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

N
 W | | E
 --NW-- --NE--
 | |
 --SW-- --SE--
 | |
 S

4 DEPTH OF COMPLETED WELL 15' ft.

Depth(s) Groundwater Encountered (1) 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)
 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/yr 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)
2 PVC 4 ABS 7 Fiberglass _____
 Blank casing diameter 2.375 in. to 5' ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 3 ft. in., Weight _____ lbs./ft. Wall thickness or gauge No. Sch 40

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 15' ft. to 5' ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 15' ft. to 4' 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 cement
 Grout Intervals: From 4' ft. to 2' ft., From 2' ft. to 0 ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: 3
 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 below
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well _____
 Direction from well? South How many feet? 15'

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|------|---|------|----|--|
| 0 | 1.0 | ls Rx | | | |
| 1.0 | 4.5 | Gray clay w/ bentonite film, wet | | | |
| 4.5 | 15.0 | Gray clay w/ trace amt of sand, wet, film | | | Pulled damaged well out / Redrilled hole Raset pipe etc. |
| | | | | | |
| | | | | | |

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) 7/20/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 732 This Water Well Record was completed on (mo/day/year) 7/31/09 under the business name of GB Environmental by (signature) James Bueker

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>.