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

(to rectify lacking or incorrect information)

Location listed as:	Location changed to:
Section-Township-Range: None Given	5-205-3 W
Fraction (¼ ¼ ¼):	NE SE SE
Other changes: Initial statements:	*
Changed to:	
Comments:	
verification method: <u>Latitude</u> and longitude KGS website, and mapping t	ide, conversion tool on tool on KGS website- initials: Pol date: 6/6/2006

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.

W	ATER WELL RECORD VMP	YAR Form WW	C-5	Division of Wa	ter Resources; App. No.			
1	LOCATION OF WATER WELL:	Fraction		Section Number				
	County: Ms Pherson	1/4 1/4	1/4		T S	R E/W		
	Distance and direction from nearest town located within city? North & Frontier	or city street address of	well if		g Systems (decimal deg			
	Avenue Mª Pherson, h	00506		Latitude:	38° A0.2	314=38.3369 N		
2	WATER WELL OWNER EI POSO M	nerchant Energy Compa	any	Elevation:	1°40.085 = 97.	(0681 W		
-	WATER WELL OWNER: El Paso om RR#, St. Address, Box # City, State, ZIP Code	protion tal Ringulation Depart	truent	Datum:				
	City, State, ZIP Code : a Nevada A	venue Room 432 tings, Co 80903		Data Collection	Method:			
3		OMPLETED WELL.	35,5	2				
3	LOCATION	OMI EETED WEEL						
	WITH AN "X" IN Depth(s) Groundwater Encountered (1)							
		CTION BOX: WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr						
	N Pump test	t data: Well water was.		ft. after	hours pumping	gpm		
	Est. Yield	gpm: Well water was	ublic water	anter 8 A	nours pumping.	iection well		
	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)							
W	E 1 Domestic 3	Industrial 7 Dome	estic (lawn	& garden) (10) M	onitoring well			
	SW SE							
	Was a chemical/b	acteriological sample su						
	*	nitted	Wat	er well disinfected	? Yes No			
	S							
5	TYPE OF CASING USED: 5 Wro							
	1 Steel 3 RMP (SR) 6 Asber 2 PVC 4 ABS 7 Fiber	estos-Cement 9 Ot	her (specif	y below)	WeldedThreade	d		
R	lank casing diameter in. to	30 ft Diameter		in to	Diameter	in to ft		
C	asing height above land surface	in Weight		lbs./ft. Wall t	hickness or guage Sol	1		
	YPE OF SCREEN OR PERFORATION M	IATERIAL:						
		Fiberglass OPVC	9	ABS	11 Other (Specify)			
~	2 Brass 4 Galvanized Steal 6	Concrete tile 8 RM (SR) 10	Asbestos-Cement	12 None used (oper	ı hole)		
S	CREEN OR PERFORATION OPENINGS 1 Continuous slot 3 Mill slot		Torch out	0 Drillad hala	s 11 None (open h	ola)		
	2 Louvered shutter 4 Key punched		8 Saw_Cut	10 Other (spec	eify)			
S	CREEN-PERFORATED INTERVALS: F	rom30 ft. t	。35 ^{°°}	ft., From	ft. to .	ft.		
From ft. to ft., From ft. to ft.								
	GRAVEL PACK INTERVALS: F							
	F	rom ft. t	ю	ft., From	ft. to .	ft.		
6	GROUT MATERIAL: (1) Neat cement	2 Cement grout 3	Bentonite	4 Other				
	rout Intervals: From	o 27 ft., From	a.	. ft. to A A	. ft., From	ft. toft.		
W	That is the nearest source of possible contain	mination:						
	*	ines 7 Pit privy		-	Insecticide Storage	16 Other (specify		
	2 Sewer lines 5 Cess poor		11 Fuel:		Abandoned water well	below)		
ח	3 Watertight sewer lines 6 Seepage irrection from well?	pit 9 Feedyard			Oil well/gas well			
-		OGIC LQG	FROM		PLUGGING IN			
	0 35.5 KLAY Drown S	itta Mau	11101	10	120001110			
	with sand La	wers						
_				:				
L								
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) . OH/Du/. O. and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No0551 This Water Well Record was completed on (mo/de/year) .04.100								
under the business name (Socialed Townson Late On Austries Booggaature) adverse James James 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								
III th	NSTRUCTIONS: Use typewriter or ball point pen. tree copies to Kansas Department of Health and Envi	ronment, Bureau of Water. G	na <u>PKINT</u> cle eology Sectio	ariy. Piease fill in bla n, 1000 SW Jackson S	mks, underline or circle the t., Suite 420, Topeka, Kansa	s 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								
ht	http://www.kdhe.state.ks.us/geo/waterwells.							



PO Box 5300 Norman, Oklahoma 73070 Phone: (405) 360-1434 FAX: (405) 360-1480

The purpose of the multi-level wells at McPherson was to monitor the vapors in the unsaturated zone at various depth intervals during a Soil Vapor Extraction Pilot Test to be conducted by our client, MWH Americas.