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

(to rectify lacking or incorrect information)

Location listed as:	County: McPherson Location changed to:
Section-Township-Range: <u>None Given</u>	5-205-3 W
Fraction (1/4 1/4 1/4):	NE SE SE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: <u>Latitude</u> and longiti	ude, conversion tool on
verification method: <u>Latitude</u> and longitude <u>KGS</u> website, and mapping 7	tool on KGS website.
	initials: 2 Rd 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.

WATER	WELL RE	CORD SVEDID	Form WV	VC-5	Division of Wat	er Resources; App. No.		
1 LOCA	TION OF W	ATER WELL:	Fraction		Section Number	Township Number	Range Number	
County	1: ME Ph	uson	1/4 1/	/ ₄	Clabal Basses	T S	R E/W	
Distance	ce and directio	n from nearest town or co	ity street address o	of well if		g Systems (decimal de		
	A	ma Thuran 16			Langitude: 00	<u> </u>	13567 N	
2 WAT	ER WELL O	WNER: El Paso Corpora ox # Environ multal e 2 Nova Nevan	LE Energy Confan	1	Elevation:	70.000 - 72	, 66 80 00	
RR#,	St. Address, B	ox # : Environmutal	Remiduation De	partner	Datum:			
City, S	State, ZIP Cod	e : 2 Novin Nevadu Colorado Socio	a Uneaner Koom voc Co 18090.3	.432	Data Collection	Method:		
3 LOCA	TE WELL'S	4 DEPTH OF COM		9C	ft ft	t.		
LOCA		D 11() G 1	T . 1	-	11 0 0	c (2)	0	
	I AN "X" IN ION BOX:	Depth(s) Groundwater WELL'S STATIC WA	r Encountered ((1)	$\mathbf{L} \mathbf{L} \dots \mathbf{L} \mathbf{L} $ (2)		It.	
SECT	N					hours pumping		
		Est. Yieldgpr	n: Well water wa	as	ft. after	hours pumping	gpm	
	NE	WELL WATER TO F	BE USED AS: 5	Public water	supply 8 Air	conditioning 11 Is	njection well	
w	E		edlot 6 Oil	field water s	upply 9 De	watering 12 C	Other (Specify below)	
		2 Irrigation 4 Inc	dustrial / Dor	nestic (lawn	& garden) (10) Mo	onitoring well .		
SW	SE	Was a chemical/bacte	riological sample	submitted to	Department? Yes	No	If ves. mo/dav/vrs	
		Sample was submitted						
	S							
5 TYPE	OF CASING						Clamped	
		` '		Other (specif				
Dlamb and	VC 4 AE	7 Fiberglas 4 in. to	S 4 Diameter	• • • • • • • • • • • • • • • • • • • •	in to A	Thread	ed	
Casing he	sing diameter . Sight above lan	d surface	in Weight		lbs /ft Wall the	, Diameter hickness or guage No	.5ch 40	
		PERFORATION MAT	ERIAL:					
	teel 3 St	ainless Steel 5 Fibe	rglass (DV)			11 Other (Specify		
		alvanized Steal 6 Con		(SR) 10	Asbestos-Cement	12 None used (ope	en hole)	
		ATION OPENINGS AR 3 Mill slot 5 C	E: Suazed wrapped	7 Torch out	0 Drillad holes	s 11 None (open	hole)	
		er 4 Key punched 6 V				ify)		
SCREEN	-PERFORATI	ED INTERVALS: From		. to .8≾	ft., From .	ft. to	ft.	
From								
(GRAVEL PAC	CK INTERVALS: From	(_& ft	. to .≱.∷	ft., From .	ft. to	ft.	
		From	π	. to	π., From .	ft. to	п.	
6 GROU	JT MATERIA	L: DNeat cement 2	Cement grout (3 Bentonite	4 Other			
Grout Int				n	99t. tde.1	ft., From	ft. toft.	
		ce of possible contamina		10 T :	stanlamona 12 I	manatinida Stamana	16 Other (analify	
	eptic tank ewer lines	4 Lateral lines 5 Cess pool	8 Sewage lagoon			nsecticide Storage Abandoned water wel	16 Other (specify below)	
1	Vatertight sewe	•				Oil well/gas well		
				. How ma	ny feet?			
FROM	ТО	LITHOLOGI		FRO	M TO	PLUGGING IN	TERVALS	
0		wn Sity Clay will		auger\$				
31	90 I a	n mudium Grain S	Sand Wet					
7 CONT	RACTOR'S (OR LANDOWNER'S C	ERTIFICATION	V: This water	er well was (1) cons	structed (2) reconstru	icted or (3) phigged	
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) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2								
Kansas V	Vater Well Cor	ntractor's License No	ODJ This V	Vater Well R	ecord was complet	ed on (mo/day/y	64/19/de	
under the business name (Social do Myon mutal Indishies Library) (Signature) (Library)								
three conies	TIONS: Use type s to Kansas Denar	ewriter or ball point pen. PLE tment of Health and Environm	EASE PRESS FIRMLY ent. Bureau of Water	and <u>PRINT</u> cle Geology Section	early. Please fill in blan n. 1000 SW Jackson St	nks, underline or circle the Suite 420. Topeka. Kans	correct answers. Send top sas 66612-1367. Telephone	
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.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.