County: Rice Fraction 5W SW NE Sec. 21 T 2/ S R 8 EW
County: Rice Fraction 50 50 50 500 500
CORRECTION(S) TO WATER WELL COMPLETION RECORD (W WC-5) (to rectify lacking or incorrect information)
Owner: B.P. Products of N.A., Inc., Location changed to:
Location was listed as: $2(-2/5-8)$
Section-Township-Range: X/ X/ 3
Fraction (1/4 1/4 1/4): SW SW NE SW SW JW
Other changes: Initial statements: Lyon & County
Changed to: Rice County
Comments:
Verification method: Wellsite address, city street map, legal description, and mapping tool on KGS website. initials: DRd date: 10/16/2012
description, and mapping tool on RGS WEBSILE. initials: DRd date: 10/16/2012
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 KSA 82a-1212 1 LOCATION OF WATER WELL: Fraction Township Number Range Number Section Number County: Lyons SW 1/4 SW 1/4 21 21 S 8 Distance and direction from nearest town or city street address of well if located within city? 102 N. Broadway, Sterling 2 WATER WELL OWNER: B.P. Products of N.A., Inc. 2 WATER VVELL OVVINER. c/o Antea Group
RR#, St. Address, Box # : 150 St. Peters Centre Blvd., Ste. C Board of Agriculture, Division of Water Resources City, State, ZIP Code ; St. Peters, MO 63376 Application Number: 3 LOCATE WELL'S LOCATION 4 DEPTH OF COMPLETED WELL. 14 ft. ELEVATION: WITH AN "X" IN SECTION BOX: Pump test data: Well water was NA.... ft. after hours pumping gpm -- NW --- ---Est. Yield \dots NA \dots gpm: Well water was \dots \dots ft. after \dots hours pumping \dots \dots gpmBore Hole Diameter ... 8. in. to ... 14. ... ft. and ... in. to ... ft. W WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well OFFICE USE 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) SW --- -SE -7 Lawn and garden only (10) Monitoring well, 2 Irrigation 4 Industrial Was a chemical/bacteriological sample submitted to Department? Yes.......No v ...; If yes, mo/day/yr sample was Water Well Disinfected? Yes No ✓ TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Threaded.
...... 4 ABS 7 Fiberglass Casing height above land surface in, weight lbs./ft. Wall thickness or gauge No.Sch. 40. TYPE OF SCREEN OR PERFORATION MATERIAL 10 Asbestos-cement 8 RMP (SR) 1 Steel 3 Stainless steel 5 Fiberglass 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 3 Mill slot 1 Continuous slot 6 Wire wrapped 9 Drilled holes 4 Key punched 7 Torch cut 2 Louvered shutter From3 ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: 3 Bentonite 2 Cement grout 4 Other Concrete 1 Neat cement Grout Intervals: From 0 ft. to 1 ft., From 1 ft. to 3 ft., From ft. to ft. What is the nearest source of possible contamination: 14 Abandoned water well 10 Livestock pens 1 Septic tank 4 Lateral lines 7 Pit priw 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? How many feet? LITHOLOGIC LOG FROM FROM PLUGGING INTERVALS 0 7 No cutting returns, 7 9.5 Sand fill, Tan 9.5 Sand, f-c, w/f gravel, clayey, Medium Gray MW-15SR, Flushmount 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction under the business name of by (signature) GeoCore, Inc. 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.