CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information)

| Location listed as: | County: Reno Location changed to: | |
|---|-----------------------------------|--|
| Section-Township-Range: 25-235-6W | 25-235-6W | |
| Fraction (1/4 1/4 1/4): SE SE NW | SW SE SE NW | |
| Other changes: Initial statements: No contractor name given. | | |
| Changed to: Kansas Dept: of Health and Environment | | |
| Comments: | | |
| verification method: Latitude & longitude, | KG5' "LEO" conversion tool, | |
| communications with contractor aerial photos on KGS website. | initials: DRL date: 5/19/2010 | |

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: | Fraction | Section Number Township No. Range Number | |
| County: Reno | SE 4 SE 4 NW 4 4 | 1 25 T 23 S R 06 □E 🗗 W | |
| Street/Rural Address of Well Location; | | Global Positioning System (GPS) information: | |
| from nearest town or intersection: If at | | Tatitude: 38,021041 (in decimal decrees) | |
| | | Longitude: -9 7.9 33019 (in decimal degrees) Elevation: 1528.96 Foc | |
| On Elm Street at 513 S.t | -/m | Congitude | |
| 7 fret north 1 5235 Elm | triveway in City-right-of way | Elevation: | |
| | | Datum: ☐ WGS 84, ☑ NAD 83, ☐ NAD 27 | |
| 2 WATER WELL OWNER: KOHE- | BEK | Collection Method: | |
| RR#, Street Address, Box #: 1000 | Sw Jackson Suite 410 | GPS unit (Make/Model:) | |
| City, State, ZIP Code : To nek | a, KS 66612 | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | |
| 7.7 | • | Est. Accuracy: | |
| 3 LOCATE WELL | 211.1 | 0 | |
| WITH AN "X" IN 4 DEPTH OF | COMPLETED WELL24.6 | 8 ft. | |
| SECTION BOX: Depth(s) Ground | twater Encountered (1) | ft. (2) ft. (3) ft. | |
| N WELL'S STAT | IC WATER LEVEL 18 f | t. below land surface measured on mo/day/yr | |
| | | ft. after hours pumping gpm | |
| | | | |
| | | ft. after hours pumping gpm | |
| | | ft., andft. | |
| WELL WATER | TO BE USED AS: 🔲 Public wa | ter supply Geothermal Injection well | |
| Domestic | ☐ Feedlot ☐ Oil field wa | ter supply Dewatering Other (Specify below) | |
| SW SE Domestic | | wn & garden Monitoring well Mw-53.5. | |
| | | o Department? Yes No | |
| | day/yr sample was submitted | | |
| | | | |
| water well disin | fected? Yes No | | |
| 5 TYPE OF CASING USED: Steel | PVC Other | | |
| CASING JOINTS: Glued Clan | | | |
| Casing Jinneten in to | nped | to A Diemeter in to | |
| Casing diameter in. to | It., Diameter in. | to ft., Diameter in. to ft. | |
| | | lbs./ft., Wall thickness or gauge No | |
| TYPE OF SCREEN OR PERFORATION | | | |
| | ⊡ rvc [| Other (Specify) | |
| ☐ Brass ☐ Galvanized Steel | ☐ None used (open hole) | | |
| SCREEN OR PERFORATION OPENING | S ARE: | | |
| Continuous slot Mill slot | | ☐ Drilled holes ☐ None (open hole) | |
| Louvered shutter Key punched | ☐ Wire wrapped ☐ Saw cut | Other (specify) | |
| SCREEN PERFORATED INTERVALS: | From 19 # to 29 | ft From ft to ft | |
| SCREEN-PERFORATED INTERVALS: From | | | |
| From | | | |
| GRAVEL PACK INTERVALS: From | | | |
| From | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | |
| Grout Intervals: From | | | |
| What is the nearest source of possible conta | | , | |
| Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below) | | | |
| Sewer lines Cesspool | Sewage lagoon Fuel storage | | |
| | it Feedyard Fertilizer s | | |
| Direction from well | | from well | |
| | | | |
| | | TO LITHO. LOG (cont.) or PLUGGING INTERVALS | |
| D' 13' Silty clay dark brown, trac | e subsounded quartz a soud day | | |
| | to a range, fine to medium gian | | |
| 1 | 0, | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| T CONTENT CECONIC ON Y AND OWNER. | 10 CEDTELO ATTONI MILL | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☐ reconstructed, or ☐ plugged | | | |
| under my jurisdiction and was completed on (mo/day/year) .07/28/2009 and this record is true to the best of my knowledge and belief. | | | |
| Kansas Water Well Contractor's License No | | | |
| under the business name of | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies | | | |
| (white, blue, pink) 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 copy to WAT: | | your records. Include fee of \$5.00 for each constructed well. Visit us at | |
| http://www.kdheks.gov/waterwell/index.html. | http://www.kdheks.gov/waterwell/index.html. | | |
| KSA 82a-1212 | | Check: White Copy, Blue Copy, Pink Copy | |