CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as SW NW SW, 34 - 25S - 1W

changed to SW NW SW, 34 - 24S - 1W

Other changes: Initial statements: _____

_____

Changed to: _____

_____

Comments: In the town of Sedgwick, KS.

_____

verification method: Written & legal descriptions, similarity to Sedgwick Motors well record nearby, city map on internet, and Sedgwick 1:24,000 topo. map. initials: ~~ORK~~ date: 5/9/2001

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

IW-33

WATER WELL RECORD Form WWC-5 KSA 82a-1212

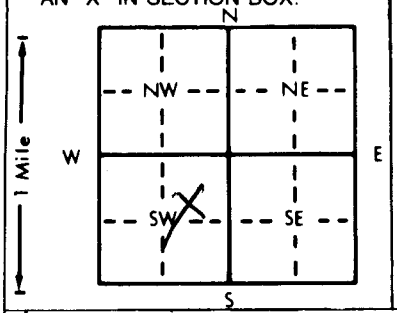
1 LOCATION OF WATER WELL: County: Harvey | Fraction: SW ¼ NW ¼ SW ¼ | Section Number: 34 | Township Number: T 25 S | Range Number: R 1 E/W

Distance and direction from nearest town or city street address of well if located within city? NW Corner of Commercial + 4th St.

2 WATER WELL OWNER: Coastal Mart
RR#, St. Address, Box # : P.O. Box 1030
City, State, ZIP Code : Wichita, Ks. 67201-1030

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL 999 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.

WELL'S STATIC WATER LEVEL 999 ft. below land surface measured on mo/day/yr 11-6-95

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter ..... in. to ..... ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well Injection 12 Other (Specify below) 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 BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)

CASING JOINTS: Glued ..... Clamped ..... Welded ..... Threaded flush

Blank casing diameter 2 in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface flush in., weight ..... lbs./ft. Wall thickness or gauge No. .....

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC

1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 999 ft. to 999 ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... ft. to ..... 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 .....

Grout Intervals: From 999 ft. to 0 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

Direction from well? ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			999	0	Bentonite

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) 11-6-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 11/26/95 under the business name of MSI by (signature) Allison Sears

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.