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

| Location listed as: | Location changed to: |
|---|----------------------|
| Section-Township-Range: 18-245-36 W | 18-245-32W |
| Fraction (1/4 1/4 1/4): | NE NW NW NW |
| Other changes: Initial statements: | |
| Changed to: | |
| Comments: | |
| verification method: Latitude & longitude liste record, wellsite address, city 57 on KGS website submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co | • ' |

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

| W | | | UGGING F | | Form WV | VC-5P | KSA 82 | 2a-1212 ID NO. | 00353919 | |
|---|---|-------------------------|--------------------------|---------------------------------|--------------------|---|---|-----------------------------------|--|--|
| 1 | County: | | TER WELL: | | 1/. NNA/ 1/. NNA/ | | n Number 18 | Township Number | Range Number | |
| | | | f Well Location; | if unknown, di | stance & | | | T 24 S Systems (GPS) inform | 36 □E ▼W | |
| | direction from nearest town or intersection: If at owner's address, check here | | | | | Latitude: (in decimal degrees) | | | | |
| | | | | | | | Longitude:(in decimal degrees the control of | | | |
| | | | | | | Datum: WGS84, NAD83, NAD27 | | | | |
| - | | | | | | | Collection Method: | | | |
| 2 | | WELL OV Address, Bo | VNER: Burtis | | | | GPS unit (Make/Model: Topographic Map, Land Survey | | | |
| | | e ZIP Code | | W. Kansas len City, KS 67486 | | Est. Accuracy: \square < 3 m, \square 3-5 m, \square 5-15 m, \square > 15 m | | | | |
| - | | | Garu | en City, No | 0/400 | Est. Accur | <u>acy</u> : □ < | 3 m, □ 3-5 m, □ | 5-15 m, □ > 15 m | |
| 3 | | VELL'S LO N "X" IN S | DCATION | 4 DEPTI | H OF WELL | 34.83 | ft. | | | |
| | BOX: | | ECTION | WELL' | S STATIC WA | TER LEVEL Dry ft | | | | |
| | X | N | | WELL | WAS USED A | S: | | | | |
| | L NW | | NE - | ☐ Dom | nestic [| Public | Water Supp | ly Dewa | terin a | |
| | | | | Irrig | ation | | ld Water Su | | oring | |
| W | | | E | 1) | llot | | tic (Lawn & | Garden) Inject | ion Well | |
| | ⊢ sw | - | SE _ | indu indu | strial L | → Air Coi | nditioning | ☐ Other | | |
| | | | | Was a cl | nemical/bacteri | ological sa | mple submit | ted to Department? Y | es No 📝 | |
| 5 | TYPE OF | BLANK (| CASING USE | D: | | | | | | |
| | | | (D) ((D) | | | | | | | |
| | ✓ Steel | | MP (SR) | Wrought Asbestos-Ce | ment F | iberglass oncrete Til | <u> </u> | Other (Specify below) | | |
| | | | | | | | _ | | | |
| | Blank cas | ing diamete | er 2 in. or below land s | Was casing p | pulled? Yes ⊻ | IJ No L | If yes, ho | w much 3' | | |
| | Casing ne | igiit above (| or below land s | surface _0 | in. | | | | | |
| 6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☑ Other Concrete | | | | | | | | | | |
| | Grout Plug Intervals: From 0 ft. to 1 ft., From 1 ft. to 34.83 ft., From to ft. | | | | | | | | | |
| | | | | | | OIII | _ 11. 10 <u>0</u> | 4.00 n., Fiolii _ | | |
| | What is the | nearest so | urce of possible | e contaminati | on: | 4 | | 041 (| | |
| | Sewer | lines | H Se | privy | Fuel S Fertilia | torage zer storage | □ ' | Other (specify below) | | |
| | Water | tight sewer | lines Se | wage lagoon | Insecti | cide storage | | | | |
| | Latera Cess p | ıl lines | | edyard estock pens | | oned water II/Gas well | | ection from well? w many feet? | | |
| | | | | cstock pens | On we | II/ Gas well | 1101 | w many leet: | | |
| | FROM | TO | | GING MATE | RIALS | FROM | ТО | PLUGGING | MATERIALS | |
| | 0 | 1 | Concrete | | | | | | | |
| | 1 | 34.83 | Bentonite | | | | - | MW-SE | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 7 0 | ONTRAC | TOR'S O | R LANDOW | NER'S CER | | | | | jurisdiction and was | |
| | | | r) 12/27/201 No 527 | | _ and this reco | ord is true t | to the best of | of my knowledge and | belief. Kansas Water 2011 under the | |
| Well Contractor's License No. 527 . This Water Well Record was completed on (mo/day/year) 1/4/2011 under the business name of GeoCore Inc. by (signature) | | | | | | | | | | |
| | | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ballpoint 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, Geology Section, 1000 SW | | | | | | | | | | |
| Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html. | | | | | | | | | | |
| recor | ds. Visit u | s at http://w | ww.kdheks.go | v/waterwell/i | ndex.html. | | / | <i>;</i> | | |
| | | | | | | Check on | le: | White Copy Blue | Copy Pink Copy | |