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 No legal description given

changed to SW SW SE , 7-28S-3W

Other changes: Initial statements: _____

_____

Changed to: _____

_____

Comments: _____

_____

verification method: Well owner's address, written description, Sedgwick County map, area map on internet, and Lake Afton 1:24,000 topo. map. initials: DRd date: 3/20/2001

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

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

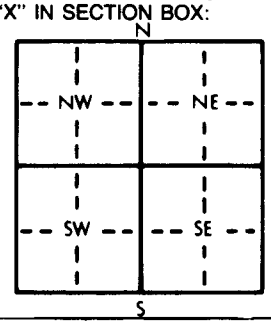
1 LOCATION OF WATER WELL: County: Sedgewick | Fraction: ¼ ¼ ¼ | Section Number | Township Number: T S | Range Number: R E/W

Distance and direction from nearest town or city street address of well if located within city?
5 miles East of Cheney KS.

2 WATER WELL OWNER: Scott Leis
RR#, St. Address, Box # : 30122 W 53rd St S
City, State, ZIP Code : Cheney KS.

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 45 ft. ELEVATION:
Depth(s) Groundwater Encountered 1. 27 ft. 2. ft. 3. ft.
WELL'S STATIC WATER LEVEL 11 ft. below land surface measured on mo/day/yr 10-3-97
Pump test data: Well water was ft. after hours pumping gpm
Est. Yield gpm: Well water was ON ft. after ON hours pumping gpm
Bore Hole Diameter 10 in. to 45 ft., and in. to ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
(1) Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes ✓ No

5 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) Welded
(2) PVC 4 ABS 7 Fiberglass Threaded
Blank casing diameter 5 in. to 45 ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface 12 in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL: 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass (8) PVC 11 Other (specify)
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)
1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From 35 ft. to 45 ft., From ft. to ft.
From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From 25 ft. to 45 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 3 ft. to 25 ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:
(1) Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
13 Insecticide storage
Direction from well? North How many feet? 70

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	TOP SOIL			
3	27	Clay			
27	34	Sand			
34	45	Shale (Red)			

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) 10-3-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. Cal This Water Well Record was completed on (mo/day/yr) 10-17-97 under the business name of Chase Drilling by (signature)

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.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼