

County: Harper Fraction SW NE NE Sec. 21 T 33 S R 9 E (W)

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

Owner: Duane Ricke

Location was listed as:

Section-Township-Range: _____

Fraction (1/4 1/4 1/4): _____

Location changed to:

Other changes: Initial statements: Barber County

Changed to: Harper County

Comments: _____

Verification method: Written & legal descriptions, Harper County ownership map, and mapping tools & aerial photos on KGS website.

initials: ARL date: 10/11/2016

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. _____ Well ID _____

Original Record Correction Change in Well Use

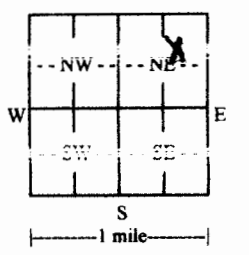
1 LOCATION OF WATER WELL: Fraction SW NE NE Section Number 21 Township Number 33 S Range Number 9 E
 County: Barber

2 WELL OWNER: Last Name: Rieke First: Duan Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:
 Business Address: 1651 W. US 160
 City: Attica State: KS ZIP: 67009 4 W 65 Attica, KS

3 LOCATE WELL WITH "X" IN SECTION BOX:
 N
 W E
 S
 1 mile

4 DEPTH OF COMPLETED WELL: 32 ft.
 1) _____ ft. 2) _____ ft. 3) _____ ft. or 4) Dry Well
 WELL'S STATIC WATER LEVEL: 11 ft. 2-3-16
 below land surface, measured on (mo-day-yr) _____
 above land surface, measured on (mo-day-yr) _____
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Well water was _____ ft. after _____ hours pumping _____ gpm
 Estimated Yield: 0 gpm
 Bore Hole Diameter: 9 in. to 32 ft. and _____ in. to _____ ft.

5 Latitude: _____ (decimal degrees)
Longitude: _____ (decimal degrees)
 Horizontal Datum: WGS 84 NAD 83 NAD 27
 Source for Latitude/Longitude:
 GPS (unit make/model: _____) (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper: _____



6 Elevation: _____ ft. Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other _____

7 WELL WATER TO BE USED AS:

- | | | | | | | | | | | | | |
|--|--|-------------------------------------|--|--|---|---|---|---|--|---|---|---|
| 1. <input type="checkbox"/> Domestic:
<input type="checkbox"/> Household
<input type="checkbox"/> Lawn & Garden
<input checked="" type="checkbox"/> Livestock | 2. <input type="checkbox"/> Irrigation | 3. <input type="checkbox"/> Feedlot | 4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID _____ | 6. <input type="checkbox"/> Dewatering: how many wells? _____ | 7. <input type="checkbox"/> Aquifer Recharge: well ID _____ | 8. <input type="checkbox"/> Monitoring: well ID _____ | 9. Environmental Remediation: well ID _____
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction
<input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 10. <input type="checkbox"/> Oil Field Water Supply: lease _____ | 11. Test Hole: well ID _____
<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical | 12. Geothermal: how many bores? _____
a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water | 13. <input type="checkbox"/> Other (specify): _____ |
|--|--|-------------------------------------|--|--|---|---|---|---|--|---|---|---|

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: _____
 Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other _____ CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter 5 in. to 32 ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft.
 Casing height above land surface 24 in. Weight 160 lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel Fiberglass PVC Other (Specify) _____
 Brass Galvanized Steel Concrete tile None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) _____
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 20 ft. to 32 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 32 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout intervals: From 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

Nearest source of possible contamination:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify) _____
 Direction from well? _____ Distance from well? None within 1000'

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	blow sand			
4	12	Brown Clay			
12	18	fine sand			
18	27	red shale			
27	32	red shale			

Notes: _____

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 2-3-16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 140. This Water Well Record was completed on (mo-day-year) 2-23-16 under the business name of Lyman's Inc Signature: [Signature]