| WATER WELL RI  | ECORD   | Form WWC-5                      | Divis        | ion of Wa | iter Reso      | urces; App. No. |         |                    |
|--|---|---------------------------------|--------------|-----------|----------------|-----------------|---------|--------------------|
| 1 LOCATION OF WA   | ATER WELL:  | Fraction                        | SE S         | ection Nu | ımber          | Township No     | ımber   | Range Number       |
| County: Shawnee  |   |                                 |              |           |                |                 |         |                    |
| located within city? 2640 NW Topeka Blvd, Topeka, KS Latitude: N   |   |                                 |              |           |                |                 |         |                    |
| 2 WATER WELL OV  | VNER: Yinglin   | g (NW Reo Project)              | E            | levation: |                |                 |         |                    |
| RR#, St. Address, Box # : 2640 NW Topeka Blvd.   |   |                                 |              | atum.     | abov           | e mean sea lev  | el      |                    |
| City, State, ZIP Code  |   |                                 |              | ata Colle | ection N       | 1ethod: legal : | survey  |                    |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 43.5 ft.  LOCATON ft.  |   |                                 |              |           |                |                 |         |                    |
| WITH AN "X" IN   | Denth(a) Group  | duratar Engountared I           |              | AS-24     | <del>f</del> 2 |                 | ft 2    | φ.                 |
| SECTION BOX:   | WELL'S STAT   | dwater Encountered I            | ft           | helow la  | II. ∠          | ice measured o  | n mo/d  | II.                |
| N SECTION BOX.   | Pump  | test data: Well water w         |              | fi        | after          | hours           | numni   | ing gnm            |
|  | Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm |                                 |              |           |                |                 |         |                    |
| - NW - NE -  | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 1 Injection well                                   |                                 |              |           |                |                 |         |                    |
|  | 1 Domestic 3  | Feed lot 6 Oil field wa         | ater supply  | y         | 9 Dewa         | atering (       | 12) Oth | er (Specify below) |
| W  | 2 Irrigation 4  | Industrial 7 Domestic (         | lawn & ga    | ırden) l  | 10 Mon         | itoring well    |         | Air Sparge         |
| -swx-  |   |                                 |              |           |                |                 |         |                    |
| Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo  |   |                                 |              |           |                |                 |         |                    |
| S  |   |                                 |              |           |                |                 |         |                    |
| 5 TYPE OF 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  Converse 4 APR  |   |                                 |              |           |                |                 |         |                    |
| 1 Steel 3 I  | RMP (SR) 6  | Asbestos-Cement 9               | Other (sp    | pecify be | low)           |                 | Welde   | d                  |
| (2) PVC 4 A  | ABS 7   | Fiberglass                      |              |           |                |                 | Thread  | led X              |
| PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 40.5 ft., Dia in. to 42.5-43.5 ft., Dia in. to ft.  |   |                                 |              |           |                |                 |         |                    |
| Casing height below land surface ft., Weight lbs./ft. Wall thickness or gauge No.  |   |                                 |              |           |                |                 |         |                    |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  1. Steel 3. Steinless steel 5. Fiberglass (7) PVC 9. A.R.S. 11. Other (specify)   |   |                                 |              |           |                |                 |         |                    |
| 1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)  2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)  |   |                                 |              |           |                |                 |         |                    |
|  |   |                                 |              |           |                |                 |         |                    |
| 1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From 40.5 ft. to 42.5 ft. From ft. to ft.  From ft. to ft. From ft. to ft.  GRAVEL PACK INTERVALS: From 29 ft. to 43.5 ft. From ft. to ft.  From ft. to ft. From ft. to ft. |   |                                 |              |           |                |                 |         |                    |
| 2 Louvered snutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)   |   |                                 |              |           |                |                 |         |                    |
| OCKEEN-FERFURATED INTERVALS. FIGHT 40.5 II. IO 44.5 II. FIGHT II. IO II.   |   |                                 |              |           |                |                 |         |                    |
| GRAVEI PACK INTERVALS: From 29 ft to 43.5 ft From ft to  |   |                                 |              |           |                |                 |         |                    |
| From fi to fi From fi to   |   |                                 |              |           |                |                 | o ft.   |                    |
| CONTEMATERIAL. 1 Next coment 2 Coment group (2 Pontanita (4) Other Coments 0.1 ft  |   |                                 |              |           |                |                 |         |                    |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Cement: 0-1 ft.  Grout Intervals From 1 ft. to 29 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 13 Insecticide Storage 16 Other (specify   |   |                                 |              |           |                |                 |         |                    |
| 2 Sewer lines  | 5 Cess pool   | 8 Sewage lagoon (1              | l) Fuel stor | age       | 14 Aba         | andoned water   | well    | below)             |
| 3 Watertight sewer l   | ines 6 Seepage p  | -                               |              | _         | 15 Oil         | well/ gas well  |         |                    |
| Direction from well?   |   | H                               | ow many      | feet?     |                |                 |         |                    |
| FROM TO  | LITHOI  | LOGIC LOG                       | FROM         | ТО        |                | PLUGGIN         | g inte  | ERVALS             |
|  | avel  |                                 |              |           | ļ ——           |                 |         |                    |
|  | ay with silt and grave<br>thtly moist, no petroi  | el, basin fill material, brown, |              |           |                |                 |         |                    |
|  |   | brown, well sorted, moist,      |              |           | -              |                 |         |                    |
|  | petroleum odor  | or or my rear sor rear moist    |              |           |                |                 |         |                    |
|  |   | ium to coarse grained,          |              |           |                |                 |         |                    |
|  | orly sorted, moist, pe  |                                 |              |           |                |                 |         |                    |
|  |   | ned, poorly sorted, wet,        |              |           | Fluch-         | nount waiver    | from F  | ROW                |
| str  | ong petroleum odor  |                                 |              |           | FIUSHI         | nount waiver    | HOIII B | 70 V               |
| 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) 10/13/08 and this record is true to the best of my knowledge and belief.  |   |                                 |              |           |                |                 |         |                    |
| Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 12/29/08 under the business name of Larsen and Associates, Inc. by (signature)  |   |                                 |              |           |                |                 |         |                    |
|  |   |                                 |              |           |                |                 |         | ·                  |
| INSTRUCTIONS: Please fill in blanks 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., Suite 420. Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for  |   |                                 |              |           |                |                 |         |                    |
| your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.  |   |                                 |              |           |                |                 |         |                    |