| WATER WELL RECORD Form WWC-5 | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 1 LOCATION OF WATER WELL: Fraction County: Geary SW 1/4 NE 1/4 SW | Section Number Township Number Range Number T 12 S R 5 E | | | | | | | |
| County: Geary SW 1/4 NE 1/4 SW Distance and direction nearest town or city street address of well | if Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 39.02006° | | | | | | | |
| located within city? 326 S. Washington, Junction City, Ks | Longitude: W 96.82977° | | | | | | | |
| 2 WATER WELL OWNER: KDHE (Former Apco) | Elevation: RIM: 1098.35; TOC: 1098.02 | | | | | | | |
| RR#, St. Address, Box # : 1000 SW Jackson, Ste 410 City, State, ZIP Code : Topeka, KS 66612 | Datum: NAD27 Data Collection Method: legal survey | | | | | | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 5 | | | | | | | | |
| LOCATON 4 DEFIN OF COMPLETED WELL 5 | MW2R | | | | | | | |
| WITH AN "X" IN Depth(s) Groundwater Encountered 1 | ft. 2 ft. 3 ft. | | | | | | | |
| SECTION BOX: WELL'S STATIC WATER LEVEL 32. | 0 ft. below land surface measured on mo/day/yr 5/22/14 | | | | | | | |
| | ft. after hours pumping gpm | | | | | | | |
| Est. Yield gpm: Well water was | ft. after hours pumping gpm | | | | | | | |
| WELL WATER TO BE USED AS: 5 Put | lic water supply 8 Air conditioning 11 Injection well | | | | | | | |
| W E Domestic 3 Feed for 6 Off field water 2 Irrigation 4 Industrial 7 Domestic (law | supply 9 Dewatering 12 Other (Specify below) n & garden) (0)Monitoring well | | | | | | | |
| SX — SE | n ee garden) (O)Nomeoring wen | | | | | | | |
| | mitted to Department? Yes No X; If yes, mo/day/yrs | | | | | | | |
| S Sample was submitted | Water Well Disinfected? Yes No X | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 C | oncrete tile CASING JOINTS: Glued Clamped | | | | | | | |
| 1 General 2 DMD (CD) 6 Ashestes Coment 0 C | ther (checify helow) Welded | | | | | | | |
| 2) PVC 4 ABS 7 Fiberglass | Threaded X | | | | | | | |
| 2 PVC 4 ABS 7 Fiberglass Blank casing diameter 2 in. to 30 ft., Dia Casing height below land surface 0.33 ft., Weight TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) | In. to It., Dia In. to It. | | | | | | | |
| Casing height below land surface 0.33 T., Weight | ios./it. wan unexhess of gauge ivo. | | | | | | | |
| 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) | | | | | | | |
| INCREEN OR PERFORALION OF ENHAGO ARE. | | | | | | | | |
| 1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 | Saw Cut 10 Other (specify) | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 30 ft. | to 50 ft. From ft. to ft. | | | | | | | |
| From ft. | to ft. From ft. to ft. | | | | | | | |
| GRAVEL PACK INTERVALS: From 28 ft. | to 50.45 ft. From ft. to ft. | | | | | | | |
| Prom It. | to ft. From ft. to ft. | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Grout Intervals From 1 ft. to 28 ft. From What is the nearest source of possible contamination: | Bentonite 4 Other Concrete: 0-1it | | | | | | | |
| What is the percent source of possible contamination: | it. to it. to it. | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 I | ivestock pens 13 Insecticide Storage 16 Other (specify | | | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) F | uel storage 14 Abandoned water well below) | | | | | | | |
| 2 Water Paris and Land Land | ertilizer storage 15 Oil well/ gas well | | | | | | | |
| | many feet? ~5ft | | | | | | | |
| 1100.12 | ROM TO PLUGGING INTERVALS | | | | | | | |
| 0 5 Grass on top; Brown sandy clay 5 15 Tan clayey sand, medium grained | | | | | | | | |
| 15 50.45 Tan sand | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Flushmount waiver from BOW | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: | This water well was (1) constructed or (3) plugged | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) 5/21/14 | and this record is true to the best of my knowledge and belief. | | | | | | | |
| Kansas Water Well Contractor's License No. 757 . This Water | Vell Record was completed on (molday/year) 6/17/14 | | | | | | | |
| under the business name of Larsen & 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. | | | | | | | | |
| INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Tele | copies to Kansas Department of Health and Environment, Bureau of Water, phone 785-296-5522. Send one for | | | | | | | |
| your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.g | ov/waterwell. | | | | | | | |

Greary Co.

State of Kansas KDHE/BER Well Tag Form

| Former Apco | | | | | | | | | | |
|--------------------|---|--|--|---|---|--|---|---|---|---|
| KDHE Project Code: | U | 5 | 0 | 3 | 1 | 1 | 3 | 9 | 4 | 6 |
| Well Tag Number | | | Well Number | | | | | | | |
| 0050161 | | | MW1R | | | | | | | |
| 0050162 | | | MW2R | | | | | | | |
| 0050161 | | | MW3R | | | | | | | |
| 0050163 | | | MW5R | | | | | | | |
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After completing this form, photocopy it and keep the copy for your files. Send the original to the address below.

Kansas Department of Health & Environment Bureau of Environmental Remediation 1000 SW Jackson, Suite 410 Topeka, KS 66612-1367