WATE	R WELL	RECORD	Form WWC-	Div.	ision of Wat	ter Resor	urces; App. No.	
County:	Γ	WATER WELL: Dickinson	SW ¼ NW ¼	SW ¼	18		Township Number T 13 S	R 1 E
Distance and direction from nearest town or city street address of well if located within city? 140' SE of 111 N Walnut St., Solomon KS  Clobal Positioning System (decimal degrees, min. of 4 digits) Latitude: N 38.91812°								
Longitude: W 97.37124°  2 WATER WELL OWNER: KDHE  Elevation: RIM: 1171.80; TOC: 1171.36								26
2 WAT	EK WELL	Dow # 1000 S	W Ingleson Dlvd		Elevation: Datum:			.36
RR#, St. Address, Box # : 1000 SW Jackson Blvd City, State, ZIP Code : Topeka KS 66612								
3 LOC	City, State, ZIP Code : Topeka KS 66612 Data Collection Method: legal survey  3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 30.32 ft.							
1	ATON	LS 4 DELIHOI	COMILETED WE	DL 30.32	MW10		At-	
	H AN "X" ]	(N Denth(s) Groun	ndwater Encountered 1			ft 2	ft 3	fi
	ION BOX	wreit's star	CIC WATER I EVEL	24.46 ft	helow lan	d surfa	re measured on mo/d	av/vr 11/18/14
SECI	SECTION BOX: WELL'S STATIC WATER LEVEL 24.46 ft. below land surface measured on mo/day/yr 11/18  Pump test data: Well water was ft. after hours pumping							
Est. Yield gpm: Well water was ft. after hours pumping								ng gpm
1 1	1 1		R TO BE USED AS:	Dublic was	tor ounnly	Ω Λir	conditioning 11 Ir	ng gpin
	V	WELL WATE	Feed lot 6 Oil field	woter cum	ter suppry	uza o sveta o	tering 12 Oth	er (Specify below)
w	<del></del>	E Domestic 3	Industrial 7 Domesti	water supp	orden) (1	Moni	toring 12 Out	er (Specify below)
		2 imgauon 4	moustral / Domesti	c (lawii & g	arden) (t	Olvioiii	toring wen	
î sy	V - SE -	Wes a shaming	l/bacteriological samp	la auhmittad	to Donorte	mont?	Vog No V	If you maldaylama
	<u>li</u> S	Sample was su	bmitted		W	ater W	ell Disinfected? Yes	No X
5 TYPE	OF CASI	NG USED: 5	Wrought Iron	8 Concret	e tile	CASI	NG JOINTS: Glued	Clamped
1 St	ee1	3 RMP (SR) 6	A shestos-Cement	9 Other (s	necify belo	ow)	Welde	d
(2)PV	/C	4 ABS 7	Fiberglass				Thread	led X
Blank cas	ing diamete	er 2 in. to	Fiberglass 15.32 ft., Dia 4 ft., Weight  MATERIAL: berglass 7 PVC	i	n. to	ft.,	Dia in.	to ft.
Casing he	ight below l	and surface 0.4	4 ft., Weight		lbs./f	t. Wall	thickness or gauge l	No.
TYPE OF	SCREEN	OR PERFORATION	MATERIAL:					
1 St	eel 3 Sta	nless steel 5 Fib	perglass (7) PVC	9 A	BS		11 Other (specify)	
2 BI	ass 4 Gai	vanized steel 6 Co	ncrete the 8 kivi (S)	R) 10 A	sbestos-Ce	ment	12 None used (oper	n hole)
SCREEN	OR PERF	ORATION OPENIN	GS ARE:	1 7 Torol	out (	0 Deillo	dholos 11 None	(onen hele)
2 10	mve <del>r</del> ed shii	tter 4 Key nunche	5 Gauze wrapped d 6 Wire wrapped	1 / TOTAL 8 Saw (	I cui	Other	(snecify)	(open noie)
SCREEN	-PERFOR	TED INTERVALS:	From 15.32	ft. to	30.32	ft. Fro	m ft. to	ft.
SCIEST!	1210 010		From	ft. to		ft. Fro	m ft. to	ft.
GR	AVEL PA	CK INTERVALS:	From 13	ft. to	30.94	ft. Fro	m ft. to	ft.
GRAVEL PACK INTERVALS: From 13 ft. to 30.94 ft. From ft. to From ft. to ft. From ft. to							ft.	
6 CPOI	IT MATE	DIAI. 1 Neet com	ent 2 Cement grout	(3) Rento	nite (4	Other	Canarata: 0.1	
Grout Int	6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1' Grout Intervals From 1 ft. to 13 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) Fuel storage 14 Abandoned water well below)								
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well								
Direction from well? NE  How many feet? ~170'								
FROM	ТО	LITHOI	OGIC LOG	FROM	ТО		PLUGGING INTE	ERVALS
0	3	Dark brown topsoi						
3	5	Very fine to fine da	irk brown silty clay					
5	10	Very fine dark bro						
10	20	Dark brown silty c					-14	
20	25	Very fine to fine si			<del>                                     </del>			
25	30.94	Sand at 30 feet	lty sand w/ flowing					
		Sanu at 30 feet						
	7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) proconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)  11/18/14 and this record is true to the less to f my knowledge and belief.							
		nd was completed on (1	no/day/year)11/	18/14	and this re	econd is	rue to the best of my k	nowledge and belief.
		tractor's License No.				mpleted	on (mo/day/year) 12	/11/14
		e of Larsen & Asso		_ by (signatu			<b>Y</b>	
INSTRUCT	IONS: Please	fill in blanks or circle the	correct answers. Send top	Telephone 79	Kansas Depa	Send on	Health and Environment	Bureau of Water,
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Falth and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to VATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.								



December 08, 2014

Larsen & Associates, Inc.
Jessica Chapman
1311 East 25<sup>th</sup> Street, Suite B
Lawrence, Kansas 66046
Email: Jess@LarsenEnvironmental.com

RE:

Project No. 1411MN1356

Dear Jessica:

The following is the information requested on a Monitoring Well Site, Country Corner, Old Highway 40, Solomon, Dickinson County, Kansas.

	North	East	Distance SE Cor.	From S.18	Elev. Top Of Rim or	Elev. Top of PVC	Latitude	Longitude
Point	Coord.	Coord.	North	West	PK Nail	Pipe	North	West
SE Corner S.18-T13S-R01E	10000	10000						
MW10	11364.87	5026.10	1364.87	4973.90	1171.80	1171.36	38.91812	97.37124
Site BM	11431.26	5144.61	1431.26	4855.39		BM Elevation	on = 1171.27	

BM Description: "X" cut on top of curb return at southeast corner of the site.

MW10 is in the: SE¼ SW¼ NW¼ SW¼ S.18-T13S-R01E

If you have any questions please do not hesitate in giving us a call.

Sincerely,



## State of Kansas KDHE/BER Well Tag Form

Country Corner, Solomo	n									
KDHE Project Code:	U	5	0	2	1	0	0	5	2	5
Well Tag	Well Number									
0050649					MW10					

0050649	MW10
	4

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