County: Lyon Fraction W2 NE SW SE Sec. 20 T 16 S R 12 (E)W

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

Owner: Mundy Service

Location was listed as:		**Location changed to:**
Section-Township-Range:	20-16 S-12 E	20-16 S-12 E
Fraction (¼ ¼ ¼):	NE SW SE	W2 NE SW SE

Other changes: Initial statements: Allen County

Changed to: Lyon County

Comments:

Verification method: Written & legal descriptions, enclosed site map, and mapping tool & aerial photos on KGS website.

initials: BRA date: 10/28/2014

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.

1 LOCATION OF WATER WELL: County: Allen	Fraction: NE ¼ SW ¼ SE ¼	Section Number: 20	Township Number: T 16 S	Range Number: R 12 E

Distance and direction from nearest town or city street address of well if located within city? 80' SW of NW corner of 5th & Main St., Admire KS

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude:
Longitude:
Elevation:
Datum:
Data Collection Method:

2 WATER WELL OWNER: **Mundy**
RR#, St. Address, Box # : 3149 Road S 5
City, State, ZIP Code : Admire KS 66830

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:

N
NW NE
W E
SW SE X
S

4 DEPTH OF COMPLETED WELL **30.1** **ft.**
MW13

Depth(s) Groundwater Encountered 1 ____ ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL ____ ft. below land surface measured on mo/day/yr ____
Pump test data: Well water was ____ ft. after ____ hours pumping ____ gpm
Est. Yield ____ gpm: Well water was ____ ft. after ____ hours pumping ____ gpm
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes ____ No **X** ; If yes, mo/day/yrs Sample was submitted ____ Water Well Disinfected? Yes ____ No **X**

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 ____
(2) PVC 4 ABS 7 Fiberglass Threaded **X**
Blank casing diameter **2** in. to **10.1** ft., Dia ____ in. to ____ 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 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)
SCREEN OR PERFORATION OPENINGS ARE:
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 **10.1** ft. to **30.1** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From **8** ft. to **30.45** 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 **Concrete: 0-1'**
Grout Intervals From **1** ft. to **8** 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 below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon (11) Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well
Direction from well? **NE** How many feet? **~130'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	**Grass on top; Brown silty clay**			
8	11	**Gray & tan shale w/ caliche**			
11	13	**Fractured limestone**			
13	30.45	**Gray shale**			
					Flushmount waiver from BOW

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) **6/17/14** 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) **7/16/14** 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.

Project Name & Site I.D: Mundy Service; U3-056-10326 KSA 82a-1212

Lyon Co. 20-16-12E

KGS Copy

NOTE: Figures exhibited within this report are only to be used within the context of this report. Placement of property lines, wells, structures, and roads is based on the available information from county appraiser maps, surveys, site visits, and/or previous vendor reports and should be considered approximate.

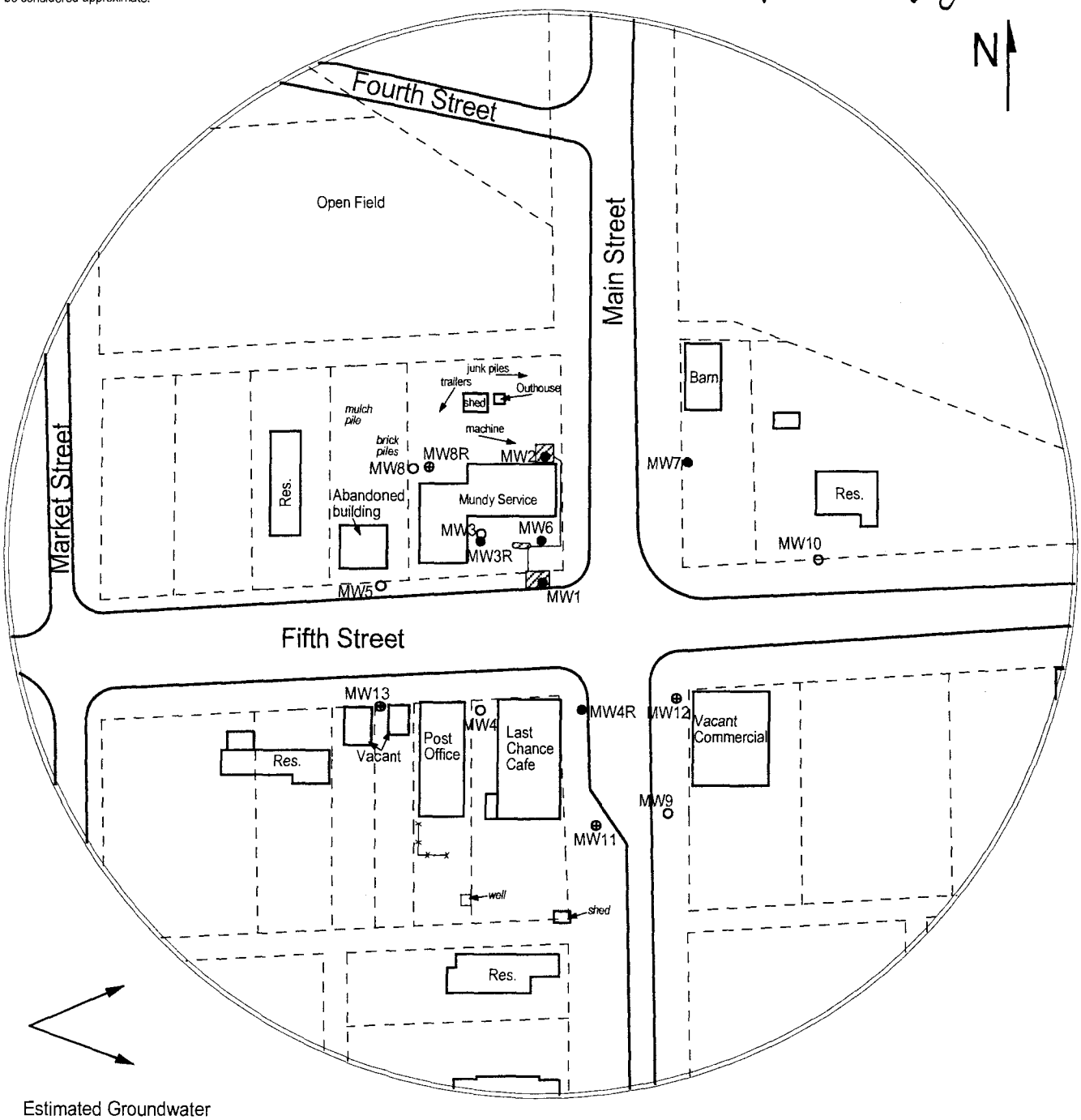

FIGURE 3 - 350 FT RADIUS AREA BASE MAP

larsen & ASSOCIATES, INC.

1311 E 25th St. Suite B
Lawrence, KS 66046

785-841-8707 office
785-865-4282 fax

PROJECT:

Mundy Service
5th & Main
Admire, KS
KDHE ID: U3-056-10326
Date: 3/31/14

0 100 ft

LEGEND:

- Approximate Location of Former UST Basin, Product Line & Pump Island
- Existing Monitoring Well
- Proposed Monitoring Well
- Plugged Well
- X Proposed Soil Boring
- E Electric Meter
- F Fire Hydrant
- G Gas Meter
- OH — Overhead Lines

NOTE: Utility depths and locations are approximate.
NOTE: MW1 was not located during the site visit.
NOTE: Access to drill SB9 and SB10 will depend on moving the trailer.
NOTE: SB9 and SB10 will be drilled to collect hydrologic samples.