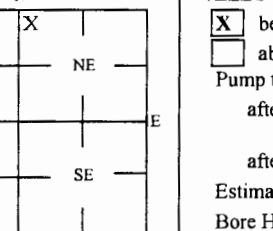


X Original Record

☐ Correction

☐ Change in Well Ust

1 LOCATION OF WATER WELL: County Osage		Fraction NW $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$ Section Number 6 Township Number T 17 S Range Number R 16 E W																																																																			
2 WELL OWNER: Last Name: Burns Business: Romine Texaco Address: PO Box 278 City Lyndon State: KS ZIP: 66451		First: Richard 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: <input type="checkbox"/> 501 Topeka Avenue Lyndon, KS																																																																			
3 LOCATE WELL WITH "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: 11.5 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input checked="" type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 8.89 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 2/13/18 <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft after _____ hours pumping _____ gpm Water well was _____ ft after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 7.25 in to _____ ft, and _____ in to _____ ft																																																																			
		5 Latitude: 38.60769 (decimal degrees) Longitude: 95.68423 (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper																																																																			
		6 Elevation: 1027.32 ft <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____																																																																			
7 WELL WATER TO BE USED AS: <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 1 Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2 Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </td> <td style="width: 50%; vertical-align: top;"> 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 checked="" type="checkbox"/> Monitoring: well ID MW12 9 Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> Recovery <input type="checkbox"/> Injection </td> </tr> </table>				1 Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2 Irrigation <input type="checkbox"/> Feedlot <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 checked="" type="checkbox"/> Monitoring: well ID MW12 9 Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> Recovery <input type="checkbox"/> Injection																																																																
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Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____ Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																					
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2 in. to 3 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface -0.34 in. Weight _____ lbs./ft. Well thickness or gauge No _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hoie) SCREEN-PERFORATED INTERVALS: From 3 ft. to 11.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From 2 ft. to 11.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,																																																																					
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Concrete: 0-1 ft Grout intervals: From 1 ft. to 2 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, Nearest source of possible contamination: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Septic Tank</td> <td><input type="checkbox"/> Lateral Lines</td> <td><input type="checkbox"/> Pit Privy</td> <td><input type="checkbox"/> Livestock Pens</td> <td><input type="checkbox"/> Insecticide Storage</td> </tr> <tr> <td><input type="checkbox"/> Sewer Lines</td> <td><input type="checkbox"/> Cess Pool</td> <td><input type="checkbox"/> Sewage Lagoon</td> <td><input checked="" type="checkbox"/> Fuel Storage</td> <td><input type="checkbox"/> Abandoned Water Well</td> </tr> <tr> <td><input type="checkbox"/> Watertight Sewer Lines</td> <td><input type="checkbox"/> Seepage Pit</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Fertilizer Storage</td> <td><input type="checkbox"/> Oil Well / Gas Well</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other (Specity) _____</td> </tr> </table> Direction from well? N Distance from well? ~230 ft				<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage	<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input checked="" type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well	<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well / Gas Well	<input type="checkbox"/> Other (Specity) _____																																																		
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">LITHOLOGIC LOG</th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.3</td> <td>Topsoil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.3</td> <td>9.5</td> <td>Silty clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9.5</td> <td>11.5</td> <td>Limestone</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	0.3	Topsoil				0.3	9.5	Silty clay				9.5	11.5	Limestone																																													
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Notes: KDHE ID: Romine Texaco: U4-070-14856 Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDHE.																																																																					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 1/23/18 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) 2/22/18 under the business name of Larsen & Associates, Inc. Signature _____																																																																					

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, Civil Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

Visit us at <http://www.kdheks.gov/waterwell/index.html> KSA 82a-1212 Revised 7/10/2015

NOTE: Figures exhibited within this report are only to be used within the context of this report. Placement of property lines, walls, 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.

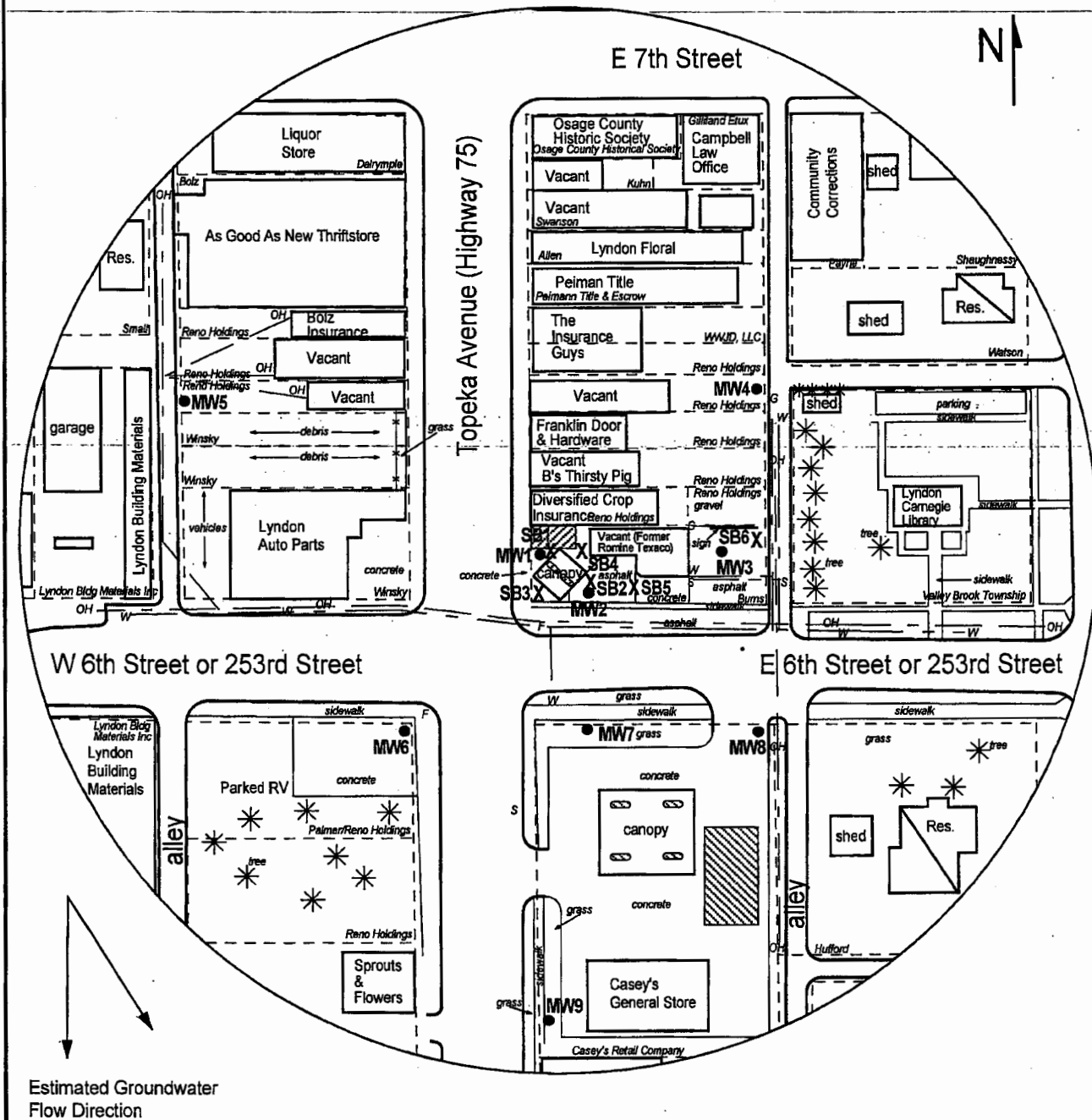


FIGURE 2.1 - 350 FT RADIUS AREA BASE MAP



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

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

PROJECT:

Romine Texaco
105 East 6th Street
Lyndon, KS
KDHE ID: U4-070-14856
Date: 2/14/18

0 100 ft

LEGEND:

- Approximate Location of Former UST Basin and Pump Island
- Approximate Location of Active UST Basin and Pump Islands
- Building with Basement
- Approximate Location of Property Line
- Existing Monitoring Well
- Monitoring Well (Installed 1/23/18)
- Soil Boring (Drilled 5/31-6/1/17)
- Fire Hydrant
- Gas Lines (2 - 6 ft BGS)
- Overhead Lines (25-40 ft high)
- Sewer Lines (2 - 6 ft BGS)
- Water Lines (2 - 6 ft BGS)

NOTE: Location of product lines is unknown.
NOTE: Utility depths, heights and locations are approximate.

DENNIS L HANDKE

1820 NW 59th Terrace
TOPEKA, KANSAS 66618
785-286-4047 Home
785-286-1990 Fax

Jess Chapman
Larsen & Assoc.
1311 E. 25th St., Suite B
Topeka, Kansas 66046

February 20, 2018

RE: Monitor Well Elevation Survey
105 E. 6th St., Lyndon, Kansas

Proj. 18-00C
Romine Texaco
KDHE ID U4-070-14856

Bench Mark: Square cut on SW corner of concrete Phillips 66 sign base at the SW Corner of property.
Elev.: 1038.54 North 93 West 2591 (from SE Cor. Sec. 31-16-16)

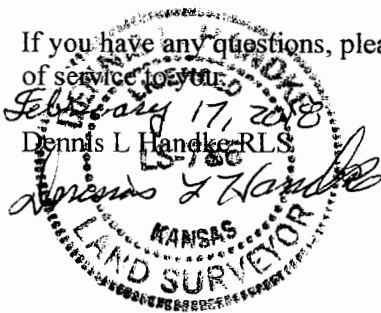
MW-10	rim	1028.79	South 37	NW1/4,NE1/4,NE1/4,NW1/4 (Sec. 6-17-16)
	top pipe	1028.46	West 3007	Lat = 38.60849 Long = 95.68574
MW-11	rim	1031.61	South 217	NE1/4,NE1/4,NE1/4,NW1/4 (Sec. 6-17-16)
	top pipe	1031.32	West 2754	Lat = 38.60800 Long = 95.68484
MW-12	rim	1027.66	South 332	NW1/4,NW1/4,NW1/4,NE1/4 (Sec. 6-17-16)
	top pipe	1027.32	West 2581	Lat = 38.60769 Long = 95.68423

Lat & Long derived from Lyndon 7.5' quad map. WGS84.

Elevation derived from existing project.

If you have any questions, please feel free to call me. Thank you for the opportunity to be of service to you.

February 17, 2018
Dennis L Handke RLS



RECEIVED

MAR 26 2018

BUREAU OF WATER