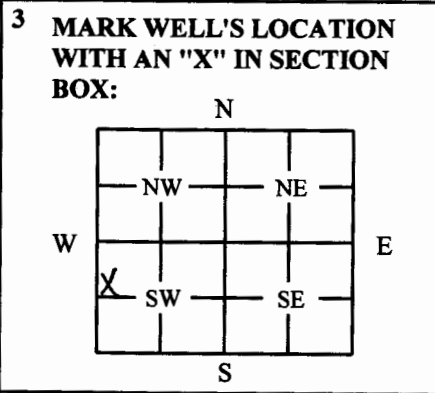


1 LOCATION OF WATER WELL: County: <u>Marion</u>	Fraction <u>SW 1/4 SW 1/4 NW 1/4 SW 1/4</u>	Section Number <u>34</u>	Township Number <u>19 S</u>	Range Number <u>2</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here <input type="checkbox"/> <u>131 S. Main, Hillsboro</u>	Global Positioning Systems (GPS) Information: Latitude: <u>38.35240</u> (in decimal degrees) Longitude: <u>-97.20558</u> (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit Make/Model: _____ <input type="checkbox"/> Digital Map/Photo <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m <input type="checkbox"/> 3-5 m <input type="checkbox"/> 5-15 m <input type="checkbox"/> >15 m
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2 WATER WELL OWNER: <u>Kansas Dept of Health & Environ.</u> RR#, St. Address, Box # <u>1000 SW Jackson St., Ste. 410</u> City, State ZIP Code <u>Topeka, KS 66612-1367</u>	
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4 DEPTH OF WELL: 32.08 ft.
WELL'S STATIC WATER LEVEL: 21.84 ft.
WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Old Field Water Supply	<input checked="" type="checkbox"/> Monitoring
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn/Garden)	<input type="checkbox"/> Injection Well
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____

Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos/Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter: 2 in. Was casing pulled? Yes No If Yes, how much 3'
 Casing height above or below land surface: _____ in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other: _____

Grout Plug Intervals: From 3 ft. To 32.08 ft. From _____ ft. To _____ ft. From _____ ft. To _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below): _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well: _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet: _____

FROM	TO	PLUGGING MATERIAL	FROM	TO	PLUGGING MATERIAL
0	0.5	Concrete			
0.5	3	Native soil			
3	32.08	Bentonite			MW8

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/6/2018 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/year) 12/12/2018 under the business name of GeoCore Inc. by (signature) Dale Hall.

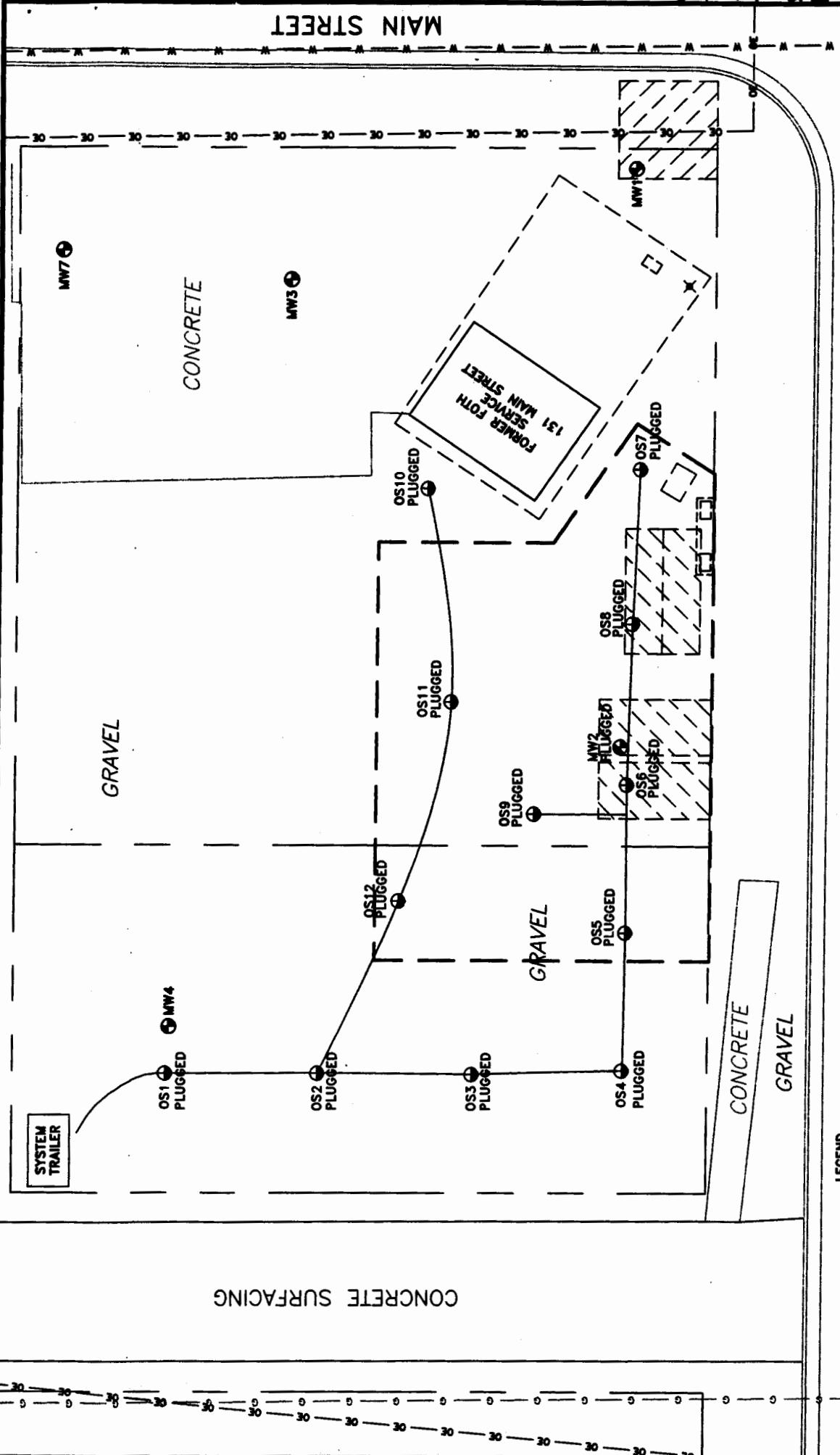
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Marion

SW SW NW SW

34-19-2E

MAIN STREET



GEOCORE INC.

P.O. BOX 386 (785) 826-1616 SALINA, KANSAS

FIGURE 1: SITE BASE MAP GEOCORE PROJECT NO. 1549

SITE: FORMER FOTH SERVICE	CREATED: 01/08/10
LOCATION: HILLSBORO, KANSAS	SCALE: 1"=20'
LEGAL: SW, SW, NW, SW	DRAFTER: DGM
SEC 34, T19S, R2E	FIGURE:
KDHE PROJECT CODE: US-057-00280	FOTH.DWG

LEGEND

- FORMER UST TANKS - 2010
- FORMER UST TANKS - 2003
- EXCAVATION - 2010
- CANOPY
- FORMER DISPENSER PUMPS
- OVERHEAD ELECTRIC
- GAS LINE
- TELEPHONE
- WATER LINE
- SYSTEM LINE

MONITORING WELL
OXYGEN INJECTION WELL

SCALE: 1" = 20'

0 20' 40'

A STREET