LOCATION OF WATER WELL:   Fraction   NW x   SW x   NW x	VY ALED	· MEDI	RECORD	1.01 II	1 ** ** C-				ources, App.			
Distance and direction from nearest town or city street address of well if Clobal Positioning System (decimal degrees, min. of 4 digits) located within city? 423 W IST AVE, Cameta, KS 66032 Changed Charles (1988) and the control of	1 LOCA	TION OI	WATER WELL:	Fraction	CIV	NIN	Section 1	Number	Townshi	p Number	Range	Number
Located within city? 425 W 15T AVE. Carnett, KS 66032   Latitude: N 382.8331"   W 952.4868°   W 952.4868°   W 952.4868°   W 952.4868°   W 952.4868°   Elevation: RIM-1065.56 TOC. 1065.21   Datum: AAVD88 VAD. 2.7 - per 50 vecyor (https://doi.org/10.1001/	County:	nd directi	Anderson	or city street	SW ¼	NW ¼	Johal Do	eitionin	T System	decimal dec	R 20	of 4 digital
WATER WELL OWNER: Leiszler Oil Co   RR#, \$1. Address, Box # : 635 W Crawford   Datum: SALAMS NAT. D 2.7 - PET \( \sur_veryer \) (R. RR#, \$1. Address, Box # : 635 W Crawford   Datum: SALAMS NAT. D 2.7 - PET \( \sur_veryer \) (R. RR#, \$1. Address, Box # : 635 W Crawford   Datum: SALAMS NAT. D 2.7 - PET \( \sur_veryer \) (R. RR#, \$1. Address, Box # : 635 W Crawford   Datum: SALAMS NAT. D 2.7 - PET \( \sur_veryer \) (R. RR#, \$1. Address \( \sur_	located wit	na airecti thin city?	425 W 1ST AVE. Garn	ett. KS 66032	o address o			: N 38	g <i>System (</i> 8.28331°	decimal deg	rees, min. c	n 4 digits)
RRE, St. Address, Book # : 633 W. Crawford City, State, 2.1P Code : Clay Center, RS 67432 Data Collection Method: legal survey (a)  1 LOCATON WITH AN "X" IN SECTION BOX: N	iooaioa wi		125 11 151 11 12, 0411		_						***	
City, State, ZIP Code : Clay Center, KS 67432   Data Collection Method: legal survey    LOCATON   Depth(s) Groundwater Encountered   MWT HAN "X" IN SECTION BOX: N							Elevation	n: RIM	: 1065.56	TOC: 1065	5.21	
Depth(s) Groundwater Encountered   ft. 2   ft. 3   ft.								NAY	/ <del>D88</del> ///	DZ7 -	per su	veyor (
WITH AN "X" IN SECTION BOX:  SECTION BOX:  N  Depth(s) Groundwater Encountered   SECTION BOX:  N  Pump lest data: Well water was ft. after hours pumping gpm   Depth water was ft. after hours pumping gpm   Well water was ft. after hours pumping gpm   Depth water was ft. after hours pumping gpm   Well water was ft. after hours pumping gpm   Depth was a chemical pumping gpm   Water Well Disnier (Specify Pel water was ft. after hours pumping gpm   Depth was a chemical pumping gpm   Water Well Disnier (Specify Pel water was ft. after hours pumping gpm   Depth	City, St	tate, ZIP (	Code : Clay Co	enter, KS 674	32		Data Col	lection N	Method: le	gal survey		
WITH AN "X" IN SECTION BOX:  SECTION BOX:  N  Depth(s) Groundwater Encountered   SECTION BOX:  N  Pump lest data: Well water was ft. after hours pumping gpm   Depth water was ft. after hours pumping gpm   Well water was ft. after hours pumping gpm   Depth water was ft. after hours pumping gpm   Well water was ft. after hours pumping gpm   Depth was a chemical pumping gpm   Water Well Disnier (Specify Pel water was ft. after hours pumping gpm   Depth was a chemical pumping gpm   Water Well Disnier (Specify Pel water was ft. after hours pumping gpm   Depth	3 LOCA	TE WEL	L'S  4 DEPTH OF	COMPLE	TED WE	LL <u>12.03</u>			ft.			
Pump test data: Well water was fi. after hours pumping gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed to 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (D)Monitoring well 1 Domestic 3 Feed bit 6 Oil field water supply 9 Dewatering well 1 Domestic 3 Feed bit 6 Oil field water supply 9 Dewatering well 1 Domestic 3 Feed bit 6 Oil field water supply 9 Dewatering well 1 Domestic 3 Feed bit 6 Oil field water supply 9 Dewatering well 1 Domestic 3 Feed bit 6 Oil field water supply 9 Dewatering well 1 Domestic 3 Feed bit 6 Oil field water supply 9 Dewatering well 1 Domestic 3 Feed bit 6 Oil field water supply 9 Dewatering well 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (D)Monitoring well 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (D)Monitoring well 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (D)Monitoring well 2 Dewater Well and Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 Dewater Well and Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 Dewater Well and Surface 0.35 ft. Weight 1 Domestic (lawn & garden) (D)Monitoring well 2 Dewater Well and Surface 0.35 ft. Weight 1 Domestic (lawn & garden) (D)Monitoring well 2 Dewater Well and Surface 0.35 ft. Weight 1 Domestic (lawn & garden) (D)Monitoring well 2 Domestic data well and Surface 0.35 ft. Weight 1 Domestic (lawn & garden) (D)Monitoring well 2 Domestic data well and Surface 0.35 ft. Weight 1 Domestic (lawn & garden) (D)Monitoring well 2 Domestic data well and Surface 0.35 ft. Weight 1 Domestic (lawn & garden) (D)Monitoring well 2 Domestic 3 Stanibase steel 2 Steep Surface 0.35 ft. Weight 1 Domestic (lawn & garden) (D)Monitoring well 2 Domestic (lawn & garden) (D)Monitoring well 2 Domestic (lawn & garden) (D)Monitoring well 2 Domestic (lawn & garden) (D)Monitoring well and Surface (lawn & garden) (D)Monitoring well and Surface (lawn & garden) (D)Monitoring well and							MW7					
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Was a chemical/bacteriological sample submitted to Department? Yes No X If your providery are Sample was submitted to Department? Yes No X If your providery are Sample was submitted to Department? Yes No X If your providery are Sample was submitted to Department? Yes No X If your providery are Sample was submitted to Department? Yes No X If your providery are Sample was submitted to Department? Yes No X If your providery are Sample was submitted to Department? Yes No X If your providery are Sample was submitted to Department? Yes No X If your providery are Sample was submitted to Department? Yes No X If your providery are Sample was submitted to Department? Yes No X If your providery are Sample was submitted to Department? Yes No X If your providery are Sample was submitted to Department? Yes No X If your providery are Sample was submitted to Department? Yes No X If your providery are submitted to Department? Yes No X If your providery are submitted to Department? Yes No X If your providery are submitted to Department? Yes No X If your providery are submitted to Department? Yes No X If your providery are submitted to Department? Yes No X If your providery are submitted to Department? Yes No X If your providery are submitted to Department? Yes No X If your providery are submitted to Department? Yes No X If your providery are submitted to Department? Yes No X If your providery are submitted to Department? Yes No X If your providery are submitted to Department? Yes No X If your providery are submitted to Department? Yes No X If your providers your providers are was submitted to Department? Yes No X If your providers your providers are was submitted to Department? Yes No X If your providers your providers and your providers are was submitted to Department? Yes No X If your providers your providers are was submitted to Department? Yes No X If your providers your providers and your prov	⊢ NW											
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Water Well Disinfected? Yes No X   TS   Sample was submitted			2 Irrigation 4	Industrial	7 Domesti	c (lawn & g	arden)	(U)Mon	itoring we		·	
Sample was submitted	sw								1.2			
TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Threaded X 3 Blank casing diameter 2 in. to 3.0 ft., Dia in. to ft. asing height below land surface 0.35 ft., Weight 1bs/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 Assbestos-Cement 12 None used (open hole) 5 CREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauze wrapped 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) 5 SCREEN-PERFORATED INTERVALS: From 3.0 ft. to 12.03 ft. From ft. to ft. Fro	<u> </u>		Was a chemica	l/bacteriolog	gical sampl	ie submitied	to Depa	rtment?	Yes	No $X$ ,	li yes, mo	/day wrs
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Threaded X Slank casing diameter 2 in to 3.0 ft, Dia in to ft, Dia in to ft. Casing height below land surface 0.35 ft, Weight Ibs./ft. Wall thickness or gauge No. PVPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) 2 Drass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) CREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot 3 Mill slot 5 Gauze wrapped 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) CREEN-PERFORATED INTERVALS: From 3.0 ft. to 12.03 ft. From ft. to ft. From ft.		S	Sample was sub	mitted				Water W	ell Disinfe	cted? Yes		No X
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2 PVC	1 Stee	el	3 RMP (SR) 6	Asbestos-C	ement	9 Other (s	pecify b	elow)		Welde	d	
Streen OR PERFORATION AT EXAMPLE	(2)PV	С	4 ABS 7	Fiberglass						Thread	ded	X
Streen OR PERFORATION AT EXAMPLE	Blank casir	ng diamet	er 2 in. to	3.0 ft	, Dia	i	ı. to	ft.,	, Dia	in.	to	ft.
Streen OR PERFORATION AT EXAMPLE	Casing heig	tht below 1	and surface 0.3	ft., W	eight		lbs	./ft. Wa	ll thickness	or gauge	No.	
SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot												
SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot	1 Stee	el 3 Sta	inless steel 5 Fib	erglass (	7) PVC	9 A	BS		11 Other	(specify)		
1 Continuous slot	2 Bras	ss 4 Gal	vanized steel 6 Co	ncrete tile	8 RM (SI	R) 10 As	sbestos-C	Cement	12 None	used (oper	n hole)	′
GRAVEL PACK INTERVALS: From 1. ft. to 1. 12.03 ft. From 1. to 1. ft. From 1. ft. ft. From 1. ft. to 1. ft. From 1. ft. to 1. ft. From 1. ft. to 1. ft. From 1. ft. ft. ft. ft. ft. ft. ft. ft. ft. ft	SCREEN C	OR PERF	ORATION OPENING	GS ARE:		7 Torok	out	0 D=:11	ad hales	11 None	(onon hol	10)
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GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1ft From 1 ft. to 2 ft. From ft. to ft. From ft. From ft. To ft. From ft. From ft. To ft. From ft. To ft. From ft. To ft. From ft. To ft. From ft. Fro	SCREEN-E	PERFOR	TED INTERVALS:	From	3.0	ft. to	12.03	ft. Fr	om	ft. te	0	ft.
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From 1 ft. to 2 ft. From ft. to ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination:  1 Septic tank	CDOI!	T 3.5 4 TOY	DYAY 1 Notes	- 1 O O-		<u> </u>		1)Oth an	<u> </u>	. 0.164		
What is the nearest source of possible contamination:  1 Septic tank	GROU	IMATE	RIAL: I Neat cem	ent 2 Cen	nent grout	(3 psento	mie (	4)Omer	Concrete	: 0-111	A 40	
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 11) 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? SE How many feet? 195 ft  FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  0 2 Grass on top; Brown silty clay 2 3.5 Fractured limestone 3.5 5 Hard rock 5 12.44 Tan shale  Flushmount waiver from BOW  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was () constructed 2) econstructed, or (3) plugged ander my jurisdiction and was completed on (mo/day/year) 5/8/14 and this record is true to the best of my knowledge and belief. ansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 6/4/14  NSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Pealth and Environment, Bureau of Water, ecology Section, 1000 SW Jackson St. Suite 420. Topeka Kansas 66612-1367. Telephone 785-296-5522. Send oncounter of the Convert and the pealth and Environment, Bureau of Water, ecology Section, 1000 SW Jackson St. Suite 420. Topeka Kansas 66612-1367. Telephone 785-296-5522. Send oncounter of the Convert and the pealth and Environment, Bureau of Water, ecology Section, 1000 SW Jackson St. Suite 420. Topeka Kansas 66612-1367. Telephone 785-296-5522. Send oncounter of the convert answers.	Grout Inter	vais r	rom 1 II. to	μ.	rrom	It.		IL.	From		π. ιο	It.
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? SE How many feet? 195 ft  FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  0 2 Grass on top; Brown silty clay 2 3.5 Fractured limestone 3.5 5 Hard rock 5 12.44 Tan shale  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) econstructed, or (3) plugged ander my jurisdiction and was completed on (mo/day/year) 5/8/14 and this record is furue to the best of my knowledge and belief. ansas Water Well Contractor's License No. 757 This Water Well Record was completed on the best of my knowledge and belief. This Water Well Record was completed on the best of my knowledge and belief. This Water Well Record was completed on the best of my knowledge and belief. This Water Well Record was completed on the best of my knowledge and belief. This Water Well Record was completed on the best of my knowledge and belief. This Water Well Record was completed on the best of my knowledge and belief. This Water Well Record was completed on the best of my knowledge and belief. This Water Well Record was completed on the best of my knowledge and belief. This Water Well Record was completed on the best of my knowledge and belief. The business name of Larsen & Associates, Inc. by (signature) to the best of my knowledge and belief. Structions: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department & Beatth and Environment, Bureau of Water, eology Section, 1000 SW Jackson St., Suite 420. Topeka Kansas 66612-1367. Telephone 785-296-5522. Send on the MATER WELL OWNER and retain one for			ource of possible con	tamination:	187	10 Livesto	l nenc	13 Ince	acticida Sto	vra no	16 Other	(specify
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well How many feet? 195 ft  FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  0 2 Grass on top; Brown silty clay 2 3.5 Fractured limestone 3.5 5 Hard rock 5 12.44 Tan shale Flushmount waiver from BOW  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (Department of Larsen & Associates, Inc. This Water Well Record was completed on (mo/day/year) 6/4/14 Each of Larsen & Associates, Inc. STRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department & Bealth and Environment, Bureau of Water, eology Section, 1000 SW Jackson St., Suite 420, Topeka Kansas 66612-1367. Telephone 785-296-5522. Send on the ATER WELL OWNER and retain one for												
Direction from well? SE How many feet? 195 ft  FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  0 2 Grass on top; Brown silty clay 2 3.5 Fractured limestone 3.5 5 Hard rock 5 12.44 Tan shale  Flushmount waiver from BOW  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was () constructed (2) econstructed, or (3) plugged ander my jurisdiction and was completed on (mo/day/year) 5/8/14 and this record is true to the test of my knowledge and belief, ansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 6/4/14 the business name of Larsen & Associates, Inc.  DISTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, eology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one of VATER WELL OWNER and retain one for											5010**	,
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O 2 Grass on top; Brown silty clay 2 3.5 Fractured limestone 3.5 5 Hard rock 5 12.44 Tan shale  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) econstructed, or (3) plugged nder my jurisdiction and was completed on (mo/day/year) ansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) nder the business name of Larsen & Associates, Inc.  NSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, eology Section. 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send on No. ATER WELL OWNER and retain one for				0010100					DLLICA	DIC DITT	ZDAVAL C	
2 3.5 Fractured limestone 3.5 5 Hard rock 5 12.44 Tan shale    Flushmount waiver from BOW						FROM	10		PLUGE	ING INIE	SKVALS	
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Flushmount waiver from BOW  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (Decostructed 2) econstructed, or (3) plugged and er my jurisdiction and was completed on (mo/day/year) 5/8/14 and this record is true to the best of my knowledge and belief.  Ansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 6/4/14  Inder the business name of Larsen & Associates, Inc. by (signature)  NSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, eology 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				<u> </u>			<del> </del>			N 51 N.	: 4	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) econstructed, or (3) plugged and maker my jurisdiction and was completed on (mo/day/year) 5/8/14 and this record is true to the best of my knowledge and belief.  Annasa Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 6/4/14  Inder the business name of Larsen & Associates, Inc. by (signature)  NSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, eology 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										· · · · · · · · · · · · · · · · · · ·		
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our records. Fee of \$5,00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.	NSTRUCTIC	ONS: Please	fill in blanks or circle the	correct answe	rs. Send top	Telephone 79	Kansas D	epartment	Health and	WELL OVE	, Bureau of	Water,
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KGS Copy

## **DENNIS L HANDKE**

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

Jessica Chapman Larsen & Associates 1311 E. 25<sup>th</sup> Street, Suite B Lawrence, Kansas, 66046 May 31, 2014

RE: Monitor Well Elevation Survey 102 S. Maple St., Garnett, Kansas

Proj. 14-00Q Short Stop #20 KDHE ID U3-002-14599

Bench Mark: Square cut on NW corner of concrete sidewalk at NW corner of building.

Elev: 1063.97 North 3549.05 East 5173.76 (from SW Cor. Sec. 30-20-20)

MW-1	rim top pipe	1063.87 1063.37	North East	3476.09 5151.47	SW1/4,NW1/4,SW1/4,NW/14 Sec. 30-20-20 Lat= 38.28301 Long = 95.24895
MW-2	rim	1061.98	North	3504.74	SW1/4,NW1/4,SW1/4,NW/14 Sec. 30-20-20
	top pipe	10 <b>%</b> 1.75	East	5215.44	Lat= 38.28308 Long = 95.24918
MW-3	rim	1059.88	North	3580.69	SW1/4,NW1/4,SW1/4,NW/14 Sec. 30-20-20
	top pipe	1059.62	East	5106.29	Lat= 38.28329 Long = 95.24880
MW-4	rim	1064.07	North	3432.69	SW1/4,NW1/4,SW1/4,NW/14 Sec. 30-20-20
	top pipe	1063.81	East	5225.65	Lat= 38.28289 Long = 95.24921
MW-5	rim	1064.92	North	3438.33	SW1/4,NW1/4,SW1/4,NW/14 Sec. 30-20-20
	top pipe	1064.72	East	5095.73	Lat= 38.28291 Long = 95.24876
MW-6	rim	1059.70	North	3567.05	SW1/4,NW1/4,SW1/4,NW/14 Sec. 30-20-20
	top pipe	1059.26	East	5240.68	Lat= 38.28326 Long = 95.24927
MW-7	rim	1065.56	North	3587.93	SE1/4,NW1/4,SW1/4,NW/14 Sec. 30-20-20
	top pipe	1065.21	East	4901.97	Lat= 38.28331 Long = 95.24808

Elevation derived from existing project.

Lat & Long derived from Garnett 7.5 Quad Map NAVD 29.

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

Dennis S Handke RLS

STRAIGH SEACHT