|  |  |                                      | WWC-5  |  | ivision of Water                      |   |                 | AS6               |  |
|--|--|--------------------------------------|--|--|---------------------------------------|---|-----------------|-------------------|--|
|  |  |                                      | ge in Well Use                               |  | sources App. No                       |   | Well ID         | NT 1              |  |
|  |  | WATER WELL:                          | Fraction                                     | 1 -  | ection Number 4                       | Township Numb                                   |                 | ige Number        |  |
|  | y: Marion  |                                      | NW ¼ NW ¼ NW ¼                               |  |                                       |   |                 |                   |  |
|  | OWNER:   | Last Name:<br>Dept. of Health & Envi | First:                                       | Street or Rural Address where well is located (if unknown, distance and          |                                       |   |                 |                   |  |
| Address  |  | of Environmental Rem                 | ediation                                     | direction from nearest town or intersection): If at owner's address, check here: |                                       |   |                 |                   |  |
| Address: 1000 SW Jackson St., Suite 410 911 N. Walnut St., Peabody   |  |                                      |  |  |                                       |   |                 |                   |  |
| City:  | <u>Topeka</u>  | State: KS                            | ZIP: 66612                                   |  |                                       |   |                 |                   |  |
| 3 LOCAT  |  | 4 DEPTH OF CON                       | MPLETED WELL:                                | 32   | ft 5 Latitud                          | 38.1744   | 14              | (decimal degrees) |  |
| WITH "   |  |                                      | Encountered: 1)                              |  |                                       |   |                 |                   |  |
| 1  | <b>)N BOX:</b><br>N  | 2) ft.                               | 2) ft. 3) ft., or 4) $\square$               |  |                                       | Dry Well Horizontal Datum: WGS 84 NAD 83 NAD 27 |                 |                   |  |
|  |  |                                      | WELL'S STATIC WATER LEVEL:                   |  |                                       | Source for Latitude/Longitude:                  |                 |                   |  |
| 1 1  | X ]  |                                      | below land surface, measured on (mo-day-yr). |  |                                       |   |                 |                   |  |
| NW   | NE   | above land surface                   | above land surface, measured on (mo-day-yr)  |  |                                       | (WAAS enabled?                                  |                 | 10)               |  |
|  | <u> </u>   | Pump test data: Well water was       |  |  |                                       | ☐ Land Survey ☐ Topographic Map                 |                 |                   |  |
| W  | E  | Well water was ft.                   |  |  |                                       | Online Mapper:                                  |                 |                   |  |
| sw   | SE   | 1                                    | after hours pumping gpm                      |  |                                       | 1200 10   |                 |                   |  |
|  | ليليا  | Estimated Yield:                     | Estimated Yield:gpm                          |  |                                       | 6 Elevation: 1390.10ft. Tocound Level Toc       |                 |                   |  |
|  | S  | Bore Hole Diameter:                  | ft. and                                      |  | ■ Land Survey ☐ GPS ☐ Topographic Map |   |                 |                   |  |
| 1 mile1 contact in. to ft.   |  |                                      |  |  |                                       |   |                 |                   |  |
| 7 WELL WATER TO BE USED AS:  |  |                                      |  |  |                                       |   |                 |                   |  |
| 1. Domestic  | Domestic: 5. ☐ Public Water Supply: well ID ☐ Household 6. ☐ Dewatering: how many wells? |                                      |  |  |                                       |   |                 |                   |  |
|  |  |                                      |  | nany wells?  |                                       |   |                 |                   |  |
| <b>--</b>  |  |                                      |  | well ID  |                                       |   |                 |                   |  |
|  |  |                                      | al Remediation: well II                      |  |                                       |   |                 |                   |  |
| 3.  Feedlot Air Spar   |  |                                      |  | il Vapor Extraction b) Open Loop Surface Discharge Inj. of Water                 |                                       |   | Inj. of Water   |                   |  |
| 4. 🔲 Indust  | rial   | ☐ Recovery                           | ☐ Injection                                  |  | 13. 🔲 Othe                            | r (specify):                                    |                 | •••••             |  |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:   |  |                                      |  |  |                                       |   |                 |                   |  |
| Water well disinfected? ☐ Yes ■ No   |  |                                      |  |  |                                       |   |                 |                   |  |
| 8 TYPE OF CASING LISED: □ Steel ■ DVC □ Other  |  |                                      |  |  |                                       |   |                 |                   |  |
| Casing diameter 2 in to 30 ft., Diameter in to ft. Casing height above land surface10.56 in. Weight lbs/ft. Wall thickness or gauge No. Sch. 40.   |  |                                      |  |  |                                       |   |                 |                   |  |
| Casing height above land surface   |  |                                      |  |  |                                       |   |                 |                   |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |  |                                      |  |  |                                       |   |                 |                   |  |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)   |  |                                      |  |  |                                       |   |                 |                   |  |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:  |  |                                      |  |  |                                       |   |                 |                   |  |
| ☐ Continuous Slot  |  |                                      |  |  |                                       |   |                 |                   |  |
| Louvered Shutter   |  |                                      |  |  |                                       |   |                 |                   |  |
| SCREEN-PERFORATED INTERVALS: From  |  |                                      |  |  |                                       |   |                 |                   |  |
| GRAVEL PACK INTERVALS: From  |  |                                      |  |  |                                       |   |                 |                   |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other   |  |                                      |  |  |                                       |   |                 |                   |  |
| 9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other   |  |                                      |  |  |                                       |   |                 |                   |  |
| Nearest sou  | rce of possil  | ble contamination:                   |  |  |                                       |   |                 |                   |  |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage   |  |                                      |  |  |                                       |   |                 |                   |  |
| □ Sewer Lines     □ Cess Pool     □ Sewage Lagoon     □ Fuel Storage     □ Abandoned Water Well       □ Watertight Sewer Lines     □ Seepage Pit     □ Feedyard     □ Fertilizer Storage     □ Oil Well/Gas Well   |  |                                      |  |  |                                       |   |                 |                   |  |
| Other (Specify)  |  |                                      |  |  |                                       |   |                 |                   |  |
| Direction from well?   |  |                                      |  |  |                                       |   |                 |                   |  |
| 10 FROM  | TO   | LITHOLO                              | GIC LOG                                      | FROM   | TO L                                  | THO. LOG (cont.) or                             | PLUGGIN         | G INTERVALS       |  |
| 0  | 0.5  | Limestone Fill                       |  |  |                                       |   |                 |                   |  |
| 0.5  | 6  | Clay, silty, Brown                   |  |  |                                       | DHE Pro   | ect             |                   |  |
| 6  | 22   | Sand, vf-m, Brown                    | <u>-</u>                                     |  |                                       |   |                 |                   |  |
| 22   | 26   | Sand, vf-m, Gray                     |  |  |                                       |   | 295             |                   |  |
| 26   | 32   | Sand, clayey, Gray                   |  |  |                                       | <u> 15-057-1</u>                                | <u> 345  </u>   |                   |  |
|  | ļ  |                                      |  | <del> </del>   |                                       |   |                 |                   |  |
|  |  |                                      |  | Notes:   |                                       |   |                 |                   |  |
|  |  |                                      |  |  |                                       |   |                 |                   |  |
| 11 CONTRACTORS OR LANDOWNERS CERTIFICATION. This was all to the second of the second o |  |                                      |  |  |                                       |   |                 |                   |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) .10/8/2019 and this record is true to the best of my knowledge and belief.   |  |                                      |  |  |                                       |   |                 |                   |  |
| Kansas Wa  | iter Well Co   | ontractor's License No.              | 527 This Wa                                  | iter Well Re   | cord was comn                         | leted on (mo-day-v                              | ear) .3/20/2    | 2020              |  |
| under the b  | usiness nan  | ne of GeoCore, LLC                   |  | S  | ignature 🛴                            | Jale Vill                                       |                 |                   |  |
| Mail   | 1 white copy a   | long with a fee of \$5.00 for each   | ch constructed well to: Kar                  | isas Departmer   | nt of Health and En                   | vironment, Bureau of W                          | ater, GWTS S    | Section,          |  |
| 1  |  | St., Suite 420, Topeka, Kansas       |  |  |                                       | for your records. Teleph                        |                 |                   |  |
| Visit us at htt  | p://www.kdhel  | ks.gov/waterwell/index.html          |  | KSA 82a-1  | 212                                   |   | <u> Revised</u> | 7/10/2015         |  |



O & J of Kansas, 911 N. Walnut St., Peabody, Kansas – KDHE Project Codes: U5-057-13295 and U5-057-13451 GPS Coordinates:

38.17441, -97.10709 38.17444, -97.10703 38.17447, -97.10702 38.17447, -97.10707 38.17447, -97.10716 AS11: AS10: AS9: AS12: AS8: 38.17435, -97.10696 38.17434, -97.10700 38.17434, -97.10705 38.17441, -97.10699 38.17441, -97.10694

AS3: AS4: AS5: AS6: AS7:

VEW5: 38.17439, -97.10702

4-T22-R5E

Morron