

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Allen

Location listed as:

Section-Township-Range: 25-24S-18E

Fraction (1/4 1/4 1/4): None Given

Location changed to:

25-24S-18E

SE SE SW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool,
well address, city map, and mapping tool on KGS
website. initials: DRL date: 7/2/2008

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.

MW-11

1 LOCATION OF WATER WELL:
 County: Allen Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number 25 Township Number T 24 0 Range Number R 18 0EW

Distance and direction from nearest town or city street address of well if located within city?
1502 East St. Iola, KS

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 37.92284
 Longitude: 95.38684

2 WATER WELL OWNER: Land 4 Property Group Michelle Kaiser
 RR#, St. Address, Box # : 4705 Central Avenue Suite #200
 City, State, ZIP Code : Kansas City, MO 64112

Elevation: _____ Datum: _____ Data Collection Method: _____

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

--NW--		--NE--
	X	
--SW--		--SE--

4 DEPTH OF COMPLETED WELL 15.0 ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL... 1.31 ft. below land surface measured on mo/day/yr. 5-11-08
 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 Feedlot 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/yr
 Sample was submitted..... Water well disinfected? Yes No X.....

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<u>2 PVC</u>	4 ABS	7 Fiberglass	

CASING JOINTS: Glued..... Clamped.....
 Welded..... Threaded X.....

Blank casing diameter in. to ft., Diameter..... in. to ft., Diameter..... in. to ft.
 Casing height above land surface..... Flush in., Weight lbs./ft. Wall thickness or gauge No. Sch. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<u>7 PVC</u>	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	<u>3 Mill slot</u>	5 Gauzed 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..... ft. to ft., From..... ft. to ft., From..... ft. to ft.
 GRAVEL PACK INTERVALS: 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

Grout Intervals: From..... ft. to 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	<u>16 Other (specify below)</u>
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	<u>Surface Runoff</u>
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer Storage	15 Oil well/gas well	

Direction from well? West How many feet? 5

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		<u>See Boring Log</u>			

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) 5-1-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 606 This Water Well Record was completed on (mo/day/year)..... under the business name of PSA Environmental by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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/index.html>.

LOG OF BORING NO. MW-11

CLIENT Iola Medical Developers, LLC		PROJECT Voluntary Cleanup Investigation					
SITE Iola Kansas		PROJECT Iola Medical Developers LLC Property					
GRAPHIC LOG	DESCRIPTION	DEPTH, ft.	SAMPLES			TESTS	
			NUMBER	TYPE*	RECOVERY, %	TIME	FIELD VAPOR TEST (PPM)
1	<p>FILL, clayey chert and limestone gravel, moist, some metallic debris</p> <p>CLAY, dark brown, moist</p>	1	TS				
3	<p>CLAY, light brown mottled light gray, moist to wet at 12.0'</p>	3					
15	<p style="text-align: center;">∇</p> <p>BOTTOM OF BORING</p>	15					

G.P.J. TERRACON GDT 6/4/08

The stratification lines represent the approximate boundary lines between soil and rock types: *in-situ*, the transition may be gradual.

* CS : Continuous Sample
HA : Hand Auger