

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

(to rectify lacking or incorrect information)

County: Allen

Location listed as:

Location changed to:

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

25-24S-18E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): None Given

NW 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: DRK date: 7/2/2008

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

MW-10

1 LOCATION OF WATER WELL:
 County: Allen Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number 25 Township Number T 24 Range Number R 18
 Distance and direction from nearest town or city street address of well if located within city? 1502 East St. Topeka, KS **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: 37.92390
 Longitude: 95.38732

2 WATER WELL OWNER: Lane 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:
 N

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

 W E
 S

4 DEPTH OF COMPLETED WELL 18.0 ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL..... 6.99 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)
2 PVC 4 ABS 7 Fiberglass
 CASING JOINTS: Glued..... Clamped.....
 Welded..... Threaded X.....
 Blank casing diameter 2 in. to 8 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 7 PVC 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 3 Mill slot 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..... 8 ft. to 18 ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From..... 6 ft. to 18 ft., 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..... 1 ft. to 6 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 16 Other (specify below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well Surface Runoff
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
 Direction from well? South 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-10

CLIENT		Voluntary Cleanup Investigation					
Iola Medical Developers, LLC							
SITE		PROJECT					
Iola Kansas		Iola Medical Developers LLC Property					
GRAPHIC LOG	DEPTH, ft.	SAMPLES			TESTS		
		NUMBER	TYPE*	RECOVERY, %	TIME	FIELD VAPOR TEST (PPM)	SOIL SAMPLE SENT TO LABORATORY
DESCRIPTION							
0.5	SANDY CLAY, light brown, some limestone gravel, dry		HS				
1.5	FILL, clay, black, cinders, no odor, very moist						
	CLAY, dark brown, moist, no odor						
7	CLAY, brown, moist						
12	CLAY, light brown, slightly moist to dry						
18	BOTTOM OF BORING Boring terminated on limestone at 18.0'.						

J. TERRACON, GDT, 6/4/08

The stratification lines represent the approximate boundary lines

* CS : Continuous Sample