

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

(to rectify lacking or incorrect information)

County: Allen

Location listed as:

Section-Township-Range: 25-245-18E

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

Location changed to:

25-245-18E

NW SE SW SW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: Latitude & longitude, KGS' "LEO" conversion tool, wellsite address, city street map, and mapping tool on KGS website. initials: DRB date: 6/12/2009

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-1

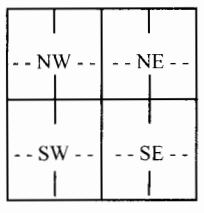
1 LOCATION OF WATER WELL: County: Allen Fraction 1/4 1/4 1/4 Section Number 25 Township Number T 24 0 Range Number R 18 0 W

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: 37.92347 Longitude: 95.38823 Elevation: Datum: Data Collection Method:

2 WATER WELL OWNER: Iola Medical Developers, LLC RR#, St. Address, Box #: 1502 East St. City, State, ZIP Code: Iola, KS 66749

Elevation: Datum: Data Collection Method:

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



4 DEPTH OF COMPLETED WELL 13.0 ft. Depth(s) Groundwater Encountered (1) 8.65 ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL 8.65 ft. below land surface measured on mo/day/yr. 3-23-09 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) CASING JOINTS: Glued Clamped Welded Treaded 2 PVC 4 ABS 7 Fiberglass

Blank casing diameter 2 in. to 8 ft., Diameter. in. to ft., Diameter in. to ft. Casing height above land surface 5 feet 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 2 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 13 ft. GRAVEL PACK INTERVALS: From 7 ft. to 13 ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From 1 ft. to 13 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) 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? North How many feet?

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Row 1: FROM 0 TO 1, LITHOLOGIC LOG, FROM 0 TO 1, PLUGGING INTERVALS: Fill dirt. Row 2: FROM 1 TO 13, LITHOLOGIC LOG, FROM 1 TO 13, PLUGGING INTERVALS: 3/8 chips - Hydrated.

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) 3-23-09 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) 3-25-09 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.