

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: 25-245-18E

25-245-18E

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

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-2

| | | | | |
|--|---|-----------------------------|---------------------------------|--|
| 1 LOCATION OF WATER WELL: County: <u>Allen</u> | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | Section Number <u>25</u> | Township Number T <u>240</u> | Range Number R <u>18</u> <u>0</u> 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: 37.92374
 Longitude: 95.39795
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

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

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

| | | | |
|--------|--|--|--------|
| N | | | |
| --NW-- | | | --NE-- |
| W | | | E |
| --SW-- | | | --SE-- |
| S | | | |

4 DEPTH OF COMPLETED WELL 15.0 ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL 11.40' 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) |
| <u>2 PVC</u> | 4 ABS | 7 Fiberglass | |

Blank casing diameter in. to 1.0 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

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

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 | 3 <u>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 7.5 ft. to 15.0 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 6.5 ft. to 15.0 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 15 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) |
| <u>2 Sewer lines</u> | 5 Cess pool | 8 Sewage lagoon | 11 Fuel storage | 14 Abandoned water well | |
| 3 Watertight sewer lines | <u>6 Seepage pit</u> | 9 Feedyard | 12 Fertilizer storage | 15 Oil well/gas well | |

Direction from well? North How many feet?

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|----------------|----------|-----------|-----------------------------|
| | | | <u>1</u> | <u>15</u> | <u>3/8 Chips - Hydrated</u> |
| | | | <u>0</u> | <u>1</u> | <u>Fill Dirt</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) 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) [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>.