

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

Well ID

**MW3**

Original Record.  Correction  Change in Well Use

| <p><b>1 LOCATION OF WATER WELL:</b><br/>County Sedgwick</p>  | <p>Fraction<br/>SW ¼ SW ¼ SE ¼ SE ¼</p>  | <p>Section Number<br/>3</p>   | <p>Township Number<br/>T 28 S</p>  | <p>Range Number<br/>R 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W</p> |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
|--|--|---|--|--|--|---|---|---|--|--|--|--|---|---|---|---|---------------------------------------|---|--|--|---|--|---------------------------------------|--|---|--|--|--|---|----|------------------------------------|--|--|--|----|----|--------------------------------------|--|--|--|----|----|---------------------------------|--|--|--|----|----|------------------|--|--|--|
| <p><b>2 WELL OWNER:</b> Last Name: Wayman First: L. Wayne<br/>Business:<br/>Address: 548 E Main<br/>City: Mulvane State: KS ZIP: 67110</p>   |  | <p>Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/><br/>3150 Southeast Blvd., Wichita KS</p> |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <p><b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b></p> <div style="text-align: center;"> </div>  | <p><b>4 DEPTH OF COMPLETED WELL:</b> 29.6 ft<br/>Depth(s) Groundwater Encountered: 1) _____ ft<br/>2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well<br/>WELL'S STATIC WATER LEVEL: 20.85 ft.<br/><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 10/1/2015<br/><input type="checkbox"/> above land surface, measured on (mo-day-yr) _____<br/>Pump test data: Well water was _____ ft after _____ hours pumping _____ gpm<br/>Water well was _____ ft after _____ hours pumping _____ gpm<br/>Estimated Yield: _____ gpm<br/>Bore Hole Diameter: 7.25 in to _____ ft, and _____ in to _____ ft</p> |   | <p><b>5 Latitude:</b> 37.63538 (decimal degrees)<br/><b>Longitude:</b> 97.30325 (decimal degrees)<br/>Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br/>Source for Latitude/Longitude:<br/><input type="checkbox"/> GPS (unit make/model: _____)<br/>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br/><input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br/><input type="checkbox"/> Online Mapper</p> |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <p><b>6 Elevation:</b> 1283.17 ft <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC<br/>Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br/><input type="checkbox"/> Other _____</p>   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <p><b>7 WELL WATER TO BE USED AS:</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 1 Domestic:</td> <td><input type="checkbox"/> 5 Public Water Supply: well ID</td> <td><input type="checkbox"/> 10 Oil Field Water Supply: lease</td> </tr> <tr> <td><input type="checkbox"/> Household</td> <td><input type="checkbox"/> 6 Dewatering: how many wells?</td> <td><input type="checkbox"/> 11 Test Hole: well ID</td> </tr> <tr> <td><input type="checkbox"/> Lawn &amp; Garden</td> <td><input type="checkbox"/> 7 Aquifer Recharge: well ID</td> <td><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical</td> </tr> <tr> <td><input type="checkbox"/> Livestock</td> <td><input checked="" type="checkbox"/> 8 Monitoring: well ID MW3</td> <td><input type="checkbox"/> 12 Geothermal: How many bores?</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td><input type="checkbox"/> 9 Environmental Remediation: well ID</td> <td>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor</td> <td>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td><input type="checkbox"/> Recovery <input type="checkbox"/> Injection</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>   |  |   |  |  | <input type="checkbox"/> 1 Domestic:     | <input type="checkbox"/> 5 Public Water Supply: well ID | <input type="checkbox"/> 10 Oil Field Water Supply: lease | <input type="checkbox"/> Household      | <input type="checkbox"/> 6 Dewatering: how many wells? | <input type="checkbox"/> 11 Test Hole: well ID | <input type="checkbox"/> Lawn & Garden | <input type="checkbox"/> 7 Aquifer Recharge: well ID | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical | <input type="checkbox"/> Livestock            | <input checked="" type="checkbox"/> 8 Monitoring: well ID MW3 | <input type="checkbox"/> 12 Geothermal: How many bores? | <input type="checkbox"/> 2 Irrigation | <input type="checkbox"/> 9 Environmental Remediation: well ID | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | <input type="checkbox"/> 3 Feedlot             | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water | <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | <input type="checkbox"/> Other (specify): _____ |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <input type="checkbox"/> 1 Domestic:   | <input type="checkbox"/> 5 Public Water Supply: well ID  | <input type="checkbox"/> 10 Oil Field Water Supply: lease   |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <input type="checkbox"/> Household   | <input type="checkbox"/> 6 Dewatering: how many wells?   | <input type="checkbox"/> 11 Test Hole: well ID  |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <input type="checkbox"/> Lawn & Garden   | <input type="checkbox"/> 7 Aquifer Recharge: well ID   | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical   |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <input type="checkbox"/> Livestock   | <input checked="" type="checkbox"/> 8 Monitoring: well ID MW3  | <input type="checkbox"/> 12 Geothermal: How many bores?   |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <input type="checkbox"/> 2 Irrigation  | <input type="checkbox"/> 9 Environmental Remediation: well ID  | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical  |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <input type="checkbox"/> 3 Feedlot   | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor  | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water  |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <input type="checkbox"/> 4 Industrial  | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection   | <input type="checkbox"/> Other (specify): _____   |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <p><b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____<br/>Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>  |  |   |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <p><b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded<br/>Casing diameter 2 in. to 14.6 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft,<br/>Casing height above land surface -0.28 in. Weight _____ lbs./ft. Well thickness or gauge No _____</p> <p><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br/><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____<br/><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)</p> <p><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br/><input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____<br/><input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)</p> <p><b>SCREEN-PERFORATED INTERVALS:</b> From 14.6 ft. to 29.6 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,<br/><b>GRAVEL PACK INTERVALS:</b> From 13 ft. to 30 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,</p> |  |   |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <p><b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Concrete: 0-1'<br/>Grout intervals: From 1 ft. to 30 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,</p> <p><b>Nearest source of possible contamination:</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Septic Tank</td> <td><input type="checkbox"/> Lateral Lines</td> <td><input type="checkbox"/> Pit Privy</td> <td><input type="checkbox"/> Livestock Pens</td> <td><input type="checkbox"/> Insecticide Storage</td> </tr> <tr> <td><input type="checkbox"/> Sewer Lines</td> <td><input type="checkbox"/> Cess Pool</td> <td><input type="checkbox"/> Sewage Lagoon</td> <td><input checked="" type="checkbox"/> Fuel Storage</td> <td><input type="checkbox"/> Abandoned Water Well</td> </tr> <tr> <td><input type="checkbox"/> Watertight Sewer Lines</td> <td><input type="checkbox"/> Seepage Pit</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Fertilizer Storage</td> <td><input type="checkbox"/> Oil Well / Gas Well</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other (Specify) _____</td> </tr> </table> <p>Direction from well? NE Distance from well? 40 ft</p>  |  |   |  |  | <input type="checkbox"/> Septic Tank     | <input type="checkbox"/> Lateral Lines                  | <input type="checkbox"/> Pit Privy                        | <input type="checkbox"/> Livestock Pens | <input type="checkbox"/> Insecticide Storage           | <input type="checkbox"/> Sewer Lines           | <input type="checkbox"/> Cess Pool     | <input type="checkbox"/> Sewage Lagoon               | <input checked="" type="checkbox"/> Fuel Storage  | <input type="checkbox"/> Abandoned Water Well | <input type="checkbox"/> Watertight Sewer Lines               | <input type="checkbox"/> Seepage Pit                    | <input type="checkbox"/> Feedyard     | <input type="checkbox"/> Fertilizer Storage                   | <input type="checkbox"/> Oil Well / Gas Well   | <input type="checkbox"/> Other (Specify) _____ |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <input type="checkbox"/> Septic Tank   | <input type="checkbox"/> Lateral Lines   | <input type="checkbox"/> Pit Privy  | <input type="checkbox"/> Livestock Pens  | <input type="checkbox"/> Insecticide Storage   |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <input type="checkbox"/> Sewer Lines   | <input type="checkbox"/> Cess Pool   | <input type="checkbox"/> Sewage Lagoon  | <input checked="" type="checkbox"/> Fuel Storage   | <input type="checkbox"/> Abandoned Water Well  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <input type="checkbox"/> Watertight Sewer Lines  | <input type="checkbox"/> Seepage Pit   | <input type="checkbox"/> Feedyard   | <input type="checkbox"/> Fertilizer Storage  | <input type="checkbox"/> Oil Well / Gas Well   |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <input type="checkbox"/> Other (Specify) _____   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10 FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">LITHOLOGIC LOG</th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>Concrete and gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>4</td> <td>Fine gray sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>5</td> <td>Gray silty clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>12</td> <td>Dark gray to dark brown silty clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12</td> <td>15</td> <td>Gray to brown/tan silty clay w/ sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>20</td> <td>Tan to gray fine to medium sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>30</td> <td>Gray medium sand</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">Notes: KDHE ID: L Wayne Wayman; U2-087-14692</p>  |  |   |  |  | 10 FROM                                  | TO  | LITHOLOGIC LOG  | FROM                                    | TO   | LITHO. LOG (cont.) or PLUGGING INTERVALS       | 0                                      | 1  | Concrete and gravel   |   |   |   | 1                                     | 4   | Fine gray sand   |  |   |  | 4                                     | 5  | Gray silty clay                                 |  |  |  | 5 | 12 | Dark gray to dark brown silty clay |  |  |  | 12 | 15 | Gray to brown/tan silty clay w/ sand |  |  |  | 15 | 20 | Tan to gray fine to medium sand |  |  |  | 20 | 30 | Gray medium sand |  |  |  |
| 10 FROM  | TO   | LITHOLOGIC LOG  | FROM   | TO   | LITHO. LOG (cont.) or PLUGGING INTERVALS |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| 0  | 1  | Concrete and gravel   |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| 1  | 4  | Fine gray sand  |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| 4  | 5  | Gray silty clay   |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| 5  | 12   | Dark gray to dark brown silty clay  |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| 12   | 15   | Gray to brown/tan silty clay w/ sand  |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| 15   | 20   | Tan to gray fine to medium sand   |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| 20   | 30   | Gray medium sand  |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |
| <p><b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 9/30/15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 757 This Water Well Record was completed on (mo-day-year) 1/6/16 under the business name of Larsen &amp; Associates, Inc. Signature _____</p>  |  |   |  |  |  |   |   |   |  |  |  |  |   |   |   |   |                                       |   |  |  |   |  |                                       |  |   |  |  |  |   |    |                                    |  |  |  |    |    |                                      |  |  |  |    |    |                                 |  |  |  |    |    |                  |  |  |  |

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-3524.

# TRITERRA

## LAND SERVICES

P.O. Box 546  
Clearwater, Kansas 67026  
Cell (316) 648-3617 Fax (620) 584-4371  
E-mail: triterrals@yahoo.com

SURVEYING OF MONITORING WELLS  
L. WAYNE WAYMAN  
3150 SOUTHEAST BLVD.  
WICHITA, KANSAS

The above site is located in Section 3, Township 28 South, Range 1 East of the Sixth Principal Meridian, Sedgwick County, Kansas. The Southeast corner of Section 3 was assigned coordinates of 00.00 North and 00.00 West.

The vertical control was obtained from the City of Wichita, described as a chiseled square on top of the headwall of a culvert at the northwest corner of the new QuikTrip property south of the site and 31<sup>st</sup> Street. Elevation: 1283.71. A control point was established as a chiseled 'X' at the interior northwest corner of the fenced enclosure on site.

The Latitude and Longitude were recorded from a GPS unit. The site is located on the 7.5' quad map titled "Wichita East".

| ID                      | NORTH  | WEST    | LATITUDE | LONGITUDE | ELEVATION                  |
|-------------------------|--------|---------|----------|-----------|----------------------------|
| SE CORNER<br>3-T28S-R1E | 00.00  | 00.00   |          |           |                            |
| CP                      | 138.20 | 1275.08 | 37.63537 | 97.30328  | 1283.46                    |
| MW-1<br>SW SW SE SE     | 150.33 | 1195.82 | 37.63539 | 97.30299  | RIM 1283.18<br>TOC 1282.73 |
| MW-2<br>SW SW SE SE     | 185.93 | 1111.73 | 37.63551 | 97.30271  | RIM 1283.17<br>TOC 1282.67 |
| MW-3<br>SW SW SE SE     | 140.91 | 1260.49 | 37.63538 | 97.30325  | RIM 1283.45<br>TOC 1283.17 |
| MW-4<br>SW SW SE SE     | 243.09 | 1299.47 | 37.63566 | 97.30335  | RIM 1283.32<br>TOC 1282.90 |
| MW-5<br>SW SW SE SE     | 124.52 | 1113.22 | 37.63533 | 97.30273  | RIM 1283.42<br>TOC 1282.82 |
| MW-6<br>SW SW SE SE     | 87.70  | 1224.75 | 37.63523 | 97.30312  | RIM 1283.29<br>TOC 1283.03 |
| MW-7<br>SW SW SE SE     | 82.42  | 1178.56 | 37.63521 | 97.30295  | RIM 1283.22<br>TOC 1282.91 |
| MW-8<br>SE SE SW SE     | 277.64 | 1360.49 | 37.63575 | 97.30358  | RIM 1283.29<br>TOC 1282.85 |
| MW-9<br>SW SW SE SE     | 309.21 | 1231.07 | 37.63583 | 97.30312  | RIM 1282.80<br>TOC 1282.35 |

