

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

Well ID

MW4

[X] Original Record [] Correction [] Change in Well Ust

1 LOCATION OF WATER WELL: County Wilson Fraction NE 1/4 NW 1/4 SE 1/4 SW 1/4 Section Number 12 Township Number T 29 S Range Number R 14 E [X] [] W

2 WELL OWNER: Last Name: Fowler Business: Address: 505 S 20th St City: Fredonia State: KS ZIP: 66736 First: Douglas Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): 321 N 7th, Fredonia, KS

3 LOCATE WELL WITH "X" IN SECTION BOX: [Diagram showing a 4x4 grid with 'x' in the SW quadrant] 4 DEPTH OF COMPLETED WELL: 10 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) [] Dry Well WELL'S STATIC WATER LEVEL: 6.14 ft [X] below land surface, measured on (mo-day-yr) 12/5/2016 [] above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft after _____ hours pumping _____ gpm Water well was _____ ft after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 7.25 in to _____ ft, and _____ in to _____ ft 5 Latitude: 37.53328 (decimal degrees) Longitude: 95.82687 (decimal degrees) Horizontal Datum: [] WGS 84 [] NAD 83 [X] NAD 29 Source for Latitude/Longitude: [] GPS (unit make/model: _____) (WAAS enabled? [] Yes [] No) [X] Land Survey [] Topographic Map [] Online Mapper 6 Elevation: 889.12 ft [] Ground Level [X] TOC Source [X] Land Survey [] GPS [] Topographic Map [] Other _____

7 WELL WATER TO BE USED AS: 1 Domestic: [] Household [] Lawn & Garden [] Livestock 2 Irrigation 3 Feedlot 4 Industrial 5 [] Public Water Supply: well ID _____ 6 [] Dewatering: how many wells? _____ 7 [] Aquifer Recharge: well ID _____ 8 [X] Monitoring: well ID MW4 9 Environmental Remediation: well ID _____ [] Air Sparge [] Soil Vapor Extractor [] Recovery [] Injection 10 [] Oil Field Water Supply: lease _____ 11 Test Hole: well ID _____ [] Cased [] Uncased [] Geotechnical 12 Geothermal: How many bores? _____ a) Closed Loop [] Horizontal [] Vertical b) Open Loop [] Surface Discharge [] Inj. of Water [] Other (specify): _____

Was a chemical/bacteriological sample submitted to KDHE? [] Yes [X] No If yes, date sample was submitted: _____ Water well disinfected? [] Yes [X] No

8 TYPE OF CASING USED: [] Steel [X] PVC [] Other _____ CASING JOINTS: [] Glued [] Clamped [] Welded [X] Threaded Casing diameter 2 in. to 5 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface -0.35 in. Weight _____ lbs./ft. Well thickness or gauge No _____ TYPE OF SCREEN OR PERFORATION MATERIAL: [] Steel [] Stainless Steel [] Fiberglass [X] PVC [] Other (Specify) _____ [] Brass [] Galvanized Steel [] Concrete tile [] None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: [] Continuous Slot [X] Mill Slot [] Gauze Wrapped [] Torch Cut [] Drilled Holes [] Other (Specify) _____ [] Louvered Shutter [] Key Punched [] Wire Wrapped [] Saw Cut [] None (Open Hole) SCREEN-PERFORATED INTERVALS: From 5 ft. to 10 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From 3 ft. to 10.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,

9 GROUT MATERIAL: [] Neat cement [] Cement grout [X] Bentonite [X] Other Concrete: 0-0.5' Grout intervals: From 0.5 ft. to 3 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,

Nearest source of possible contamination: [] Septic Tank [] Lateral Lines [] Pit Privy [] Livestock Pens [] Insecticide Storage [] Sewer Lines [] Cess Pool [] Sewage Lagoon [X] Fuel Storage [] Abandoned Water Well [] Watertight Sewer Lines [] Seepage Pit [] Feedyard [] Fertilizer Storage [] Oil Well / Gas Well [] Other (Specify) _____

Direction from well? E Distance from well? ~80 ft

Table with 6 columns: 10 FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows: 0-0.5 Concrete, 0.5-1 Gravel Fill, 1-3.25 Silty clay, 3.25-10.5 Crystalline limestone w/ shale

Notes: KDHE ID: Fredonia Pharmacy; U3-103-14837

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [X] constructed, [] reconstructed, or [] plugged under my jurisdiction and was completed on (mo-day-year) 9/27/16 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) _____ under the business name of Larsen & Associates, Inc. Signature _____

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, GW Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

DENNIS L HANDKE

1820 NW 59th Terrace
TOPEKA, KANSAS 66618
785-286-4047 Home
785-217-5864 Cell

Jessica Chapman
Larsen & Associates
1311 E. 25th Street, Suite B
Lawrence, Kansas 66046

October 31, 2016

RE: Monitor Well Elevation Survey
321 N. 7th St., Fredonia, Kansas

Proj. 16-00T
Fredonia Pharmacy
KDHE ID U3-103-14837

Bench Mark: Chisled Sq. on the top of the curb at SE corner of parking lot.
Elev: 889.84 North 1185 West 3348 (from SE Cor. Sec. 12-29-14E)

MW-1	rim	890.65	North 1210	NE1/4,NW1/4,SE1/4,SW1/4
	top pipe	890.27	West 3366	Lat = 37.53327 Long = 95.82668
MW-2	rim	890.16	North 1238	NE1/4,NW1/4,SE1/4,SW1/4
	top pipe	889.74	West 3373	Lat = 37.53335 Long = 95.82671
MW-3	rim	889.23	North 1127	NE1/4,NW1/4,SE1/4,SW1/4
	top pipe	888.94	West 3343	Lat = 37.53304 Long = 95.82260
MW-4	rim	889.47	North 1212	NE1/4,NW1/4,SE1/4,SW1/4
	top pipe	889.12	West 3422	Lat = 37.53328 Long = 95.82687
MW-5	rim	884.73	North 981	SE1/4,NW1/4,SE1/4,SW1/4
	top pipe	884.22	West 3530	Lat = 37.53226 Long = 95.82726

Elevation derived from USGS BM "Fredonia 1933" NAVD 88.

Lat & Long derived from Fredonia 7.5 Quad Map NAVD 29

If you have any questions, please feel free to call me. Thank you for the opportunity to be of service to you.

