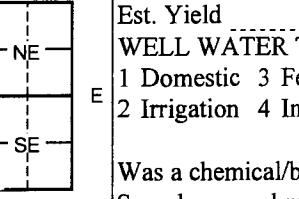


Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Doniphan</u>		Fraction <u>SW ¼ SW ¼ SE ¼</u>	Section Number <u>30</u>	Township Number <u>T 3 S R 23 E</u>	Range Number <u>23</u>
Distance and direction from nearest town or city street address of well if located within city? <u>SW corner of 7th & Vermont, Elwood, KS</u>			Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>N 39.75539°</u> Longitude: <u>W 94.88319°</u> Elevation: <u>RIM: 817.42 TOC: 816.85</u> Datum: <u>NAVD 27</u> Data Collection Method: <u>legal survey</u>		
2 WATER WELL OWNER: KDHE-BER RR#, St. Address, Box # : <u>1000 SW Jackson, Suite 410</u> City, State, ZIP Code : <u>Topeka, KS 66612</u>					
3 LOCATE WELL'S SECTION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"></div>		4 DEPTH OF COMPLETED WELL <u>24.8</u> ft. MW1 Depth(s) Groundwater Encountered _____ ft. WELL'S STATIC WATER LEVEL <u>15.24</u> ft. below land surface measured on mo/day/yr <u>1/27/15</u> 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <u>(10) Monitoring well</u> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yrs _____ Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>			
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <u>(2) PVC</u> 4 ABS 7 Fiberglass 9 Other (specify below) _____ Welded _____ Blank casing diameter <u>2</u> in. to <u>14.80</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height below land surface <u>0.57</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____ 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 <u>(3) Mill slot</u> 5 Gauze 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 <u>14.80</u> ft. to <u>24.80</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>13</u> ft. to <u>25.30</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>(3) Bentonite</u> <u>(4) Other Concrete: 0-1 ft</u> Grout Intervals From <u>1</u> ft. to <u>13</u> 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 <u>(11) Fuel storage</u> 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well Direction from well? <u>W</u> How many feet? <u>~5 ft</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Grass on top; Brown silty clay with fill			
5	10	Brown clayey silt			
10	18	Brown sand, fine grained			
18	19	Brown to gray clay			
19	25.30	Brown sand, fine grained			
					Flushmount waiver from BOW
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>1/26/15</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>2/25/15</u> under the business name of <u>Larsen & Associates, Inc.</u> by (signature) _____					
INSTRUCTIONS: Please fill in blanks 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.					

DENNIS L HANDKE

1820 NW 59th Terrace
TOPEKA, KANSAS 66618
785-286-4047 Home
785-286-1990 Fax

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

February 11, 2014

RE: Monitor Well Elevation Survey
7th & Vermont along Railroad, Elwood, Kansas

Proj. 15-00C
Dirt & Gravel Company
U4-022-14614

Bench Mark: Railroad spike in power pole 150 feet West of 8th Street on South side of Vermont Street.
Elev: 818.24 North 246 West 2704 (from SE Cor. Sec. 30-3-23E)

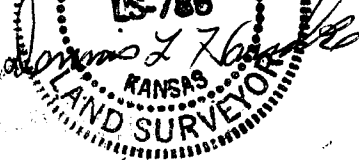
MW-1	rim	817.42	South	19	SW1/4,SW1/4,SW1/4,SE1/4
	top pipe	816.85	West	2570	Lat= 39.75539 Long = 94.88319
MW-2	rim	818.02	North	8	SW1/4,SW1/4,SW1/4,SE1/4
	top pipe	817.65	West	2453	Lat= 39.75546 Long = 94.88277
MW-3	rim	817.04	South	169	NW1/4,NW1/4,NW1/4,NE1/4 (Sec. 31-3-23)
	top pipe	816.74	West	2511	Lat= 39.75498 Long = 94.88298
MW-4	rim	815.86	North	81	SE1/4,SE1/4,SE1/4,SW1/4
	top pipe	815.54	West	2648	Lat= 39.75566 Long = 94.88347
MW-5	rim	816.33	North	71	SW1/4,SW1/4,SW1/4,SE1/4
	top pipe	816.00	West	2520	Lat= 39.75564 Long = 94.88301

Lat & Long derived from Wathena 7.5' quad map. NAVD 27

Elevation established from USGS BM N 106.

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

February 11, 2014
Dennis L. Handke RLS
LS-786



State of Kansas
KDHE/BER Well Tag Form

Dirt and Gravel Company

KDHE Project Code:

U	4	-	0	2	2	-	1	4	6	1	4
---	---	---	---	---	---	---	---	---	---	---	---

Well Tag Number

Well Number

0051041	MW1
0051040	MW2
0051034	MW3
0051039	MW4
0051036	MW5

After completing this form, photocopy it and keep the copy for your files.
Send the original to the address below.

Kansas Department of Health & Environment
Bureau of Environmental Remediation
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367