

☒ Original Record      ☐ Correction      ☐ Change in Well Ust

<b>1 LOCATION OF WATER WELL:</b> County Doniphan		Fraction NE ¼ SW ¼ NW ¼ SE ¼ Section Number 31 Township Number T 3 S Range Number R 23 E W																				
<b>2 WELL OWNER:</b> Last Name: First: Business: Affiliated Foods Midwest Coop Inc. Address: 1301 Omaha Ave., City Norfolk State: NE ZIP: 68701		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"/> 1301 Oak Street, Elwood, KS																				
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> <div style="text-align:center;">N <table border="1" style="margin:auto; width:100px; height:100px;"><tr><td>X</td><td>NW</td><td></td><td>NE</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td>E</td></tr><tr><td></td><td>SW</td><td></td><td>SE</td></tr><tr><td colspan="4" style="text-align:center;">S</td></tr></table> 1 mile</div>	X	NW		NE					W			E		SW		SE	S				<b>4 DEPTH OF COMPLETED WELL:</b> 20 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 15.12 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 1/31/18 <input type="checkbox"/> 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	<b>5 Latitude:</b> 39.75272 (decimal degrees) <b>Longitude:</b> 94.88728 (decimal degrees) <b>Horizontal Datum:</b> <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input checked="" type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper
	X	NW		NE																		
W			E																			
	SW		SE																			
S																						
<b>6 Elevation:</b> 816.68 ft <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC <b>Source:</b> <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____																						
<b>7 WELL WATER TO BE USED AS:</b> 1 Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial 2 Public Water Supply: well ID _____ 3 Dewatering: how many wells? _____ 4 Aquifer Recharge: well ID _____ 5 Monitoring: well ID MW4 6 Environmental Remediation: well ID _____ 7 Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> 8 Recovery <input type="checkbox"/> Injection <input type="checkbox"/> 9 Oil Field Water Supply: lease _____ 10 Test Hole: well ID _____ 11 Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical <input type="checkbox"/> 12 Geothermal: How many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water <input type="checkbox"/> Other (specify): _____																						
<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: _____ Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2 in. to 10 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface -0.30 in. Weight _____ lbs./ft. Well thickness or gauge No _____ <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <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) _____ <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) <b>SCREEN-PERFORATED INTERVALS:</b> From 10 ft. to 20 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, <b>GRAVEL PACK INTERVALS:</b> From 8 ft. to 20 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,																						
<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' Grout intervals: From 1 ft. to 8 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, <b>Nearest source of possible contamination:</b> <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) _____ Direction from well? S Distance from well? ~90 ft																						
<b>10 FROM TO LITHOLOGIC LOG</b>	<b>FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS</b>																					
0 0.7 Concrete																						
0.7 3 Silty clay																						
3 9.5 Silt																						
9.5 15.5 Fine sand																						
15.5 20 Silt w/ clay																						
<b>Notes: KDHE ID: Affiliated Carriers, Inc.; A4-022-40480</b> Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDHE.																						
<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) 1/29/18 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) 2/22/18 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, 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 785-296-5524. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 7/10/2015																						

DENNIS L HANDKE

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

February 17, 2018

RE: Monitor Well Elevation Survey  
1301 Oak Street, Elwood, Kansas

Proj. 18-00D  
Affiliated Carriers, Inc  
A4-022-40480

Bench Mark: Square cut on South edge of concrete light base South of guard shack.  
Elev: 817.63      North 4060      East 543      (from SW Cor. Sec. 31-3-23E)

MW-1	rim	815.48	North	4051	SE1/4,SW1/4,NW1/4,NW1/4
	top pipe	815.14	East	489	Lat= 39.75193   Long = 94.88703
MW-2	rim	817.08	North	4256	SE1/4,SW1/4,NW1/4,NW1/4
	top pipe	816.78	East	469	Lat= 39.75249   Long = 94.88711
MW-3	rim	816.48	North	4139	SE1/4,SW1/4,NW1/4,NW1/4
	top pipe	816.12	East	536	Lat= 39.75217   Long = 94.88687
MW-4	rim	816.98	North	4341	NE1/4,SW1/4,NW1/4,NW1/4
	top pipe	816.68	East	422	Lat= 39.75272   Long = 94.88728
MW-5	rim	816.72	North	4050	SE1/4,SW1/4,NW1/4,NW1/4
	top pipe	816.42	East	585	Lat= 39.75193   Long = 94.88669
MW-6	rim	817.49	North	4171	SE1/4,SW1/4,NW1/4,NW1/4
	top pipe	817.12	East	432	Lat= 39.75226   Long = 94.88724

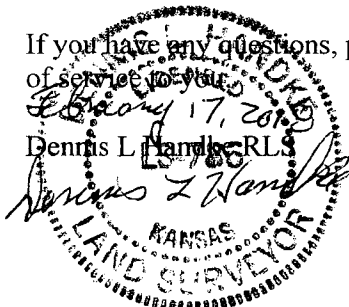
There is no SE corner of Section 31. The corner fell into the Missouri River in 1856 when the sections were laid out. Therefore everything is calculated from the SW corner of Section 31.

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 to you.

Dennis L Handke



RECEIVED

MAR 26 2018

BUREAU OF WATER

NOTE: Figures exhibited within this report are only to be used within the context of this report. Placement of property lines, wells, structures, and roads is based on the available information from county appraiser maps, surveys, site visits, and/or previous vendor reports and should be considered approximate.

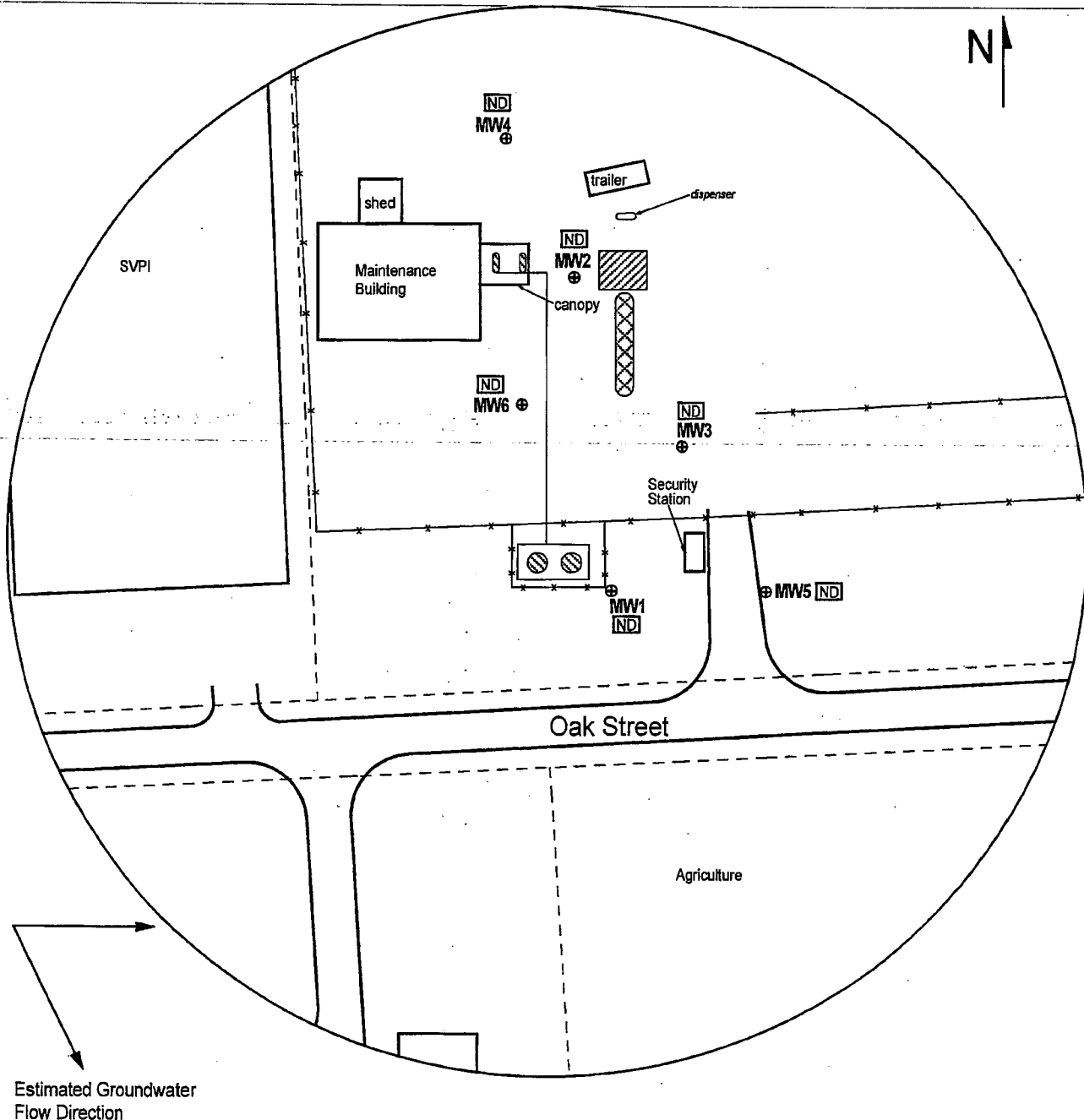


FIGURE 5.1 - GROUNDWATER ISOCONCENTRATION MAP:  
TOTAL BTEX IN WELLS



1311 E 25th St., Suite B (785) 841-8707 office  
Lawrence, KS 66046 (785) 885-4282 fax

### PROJECT:

Affiliated Carriers, Inc.  
1301 Oak Street  
Elwood, KS  
KDHE ID: A4-022-40480  
Date: 1/31/18

0 100 ft

### LEGEND:

- Possible Location of Former UST Basin
- Location of Active Diesel ASTs, Product Lines and Pump Island
- Approximate Location of Former AST Containing Water
- Approximate Location of Property Line
- Monitoring Well (installed 1/29-30/18)
- Total BTEX Concentration (ppb)