

**MW5**

<b>1 LOCATION OF WATER WELL:</b> County: Wallace	Fraction SW¼ NE¼ SE¼ NW¼	Section Number 27	Township Number T 13 S	Range Number 40 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> ~110' southeast of 227 N Main St, Sharon Springs, KS	<b>Global Positioning Systems (GPS) information:</b> Latitude: <u>38.89688</u> (in decimal degrees) Longitude: <u>-101.75151</u> (in decimal degrees) Elevation: _____ Horizontal Datum <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAVD27 Collection Method: <input type="checkbox"/> GPS unit (Make/model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m
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**2 WATER WELL OWNER:** Gaylon White Trust  
RR#, St. Address, Box #: P.O. Box 111  
City, State ZIP Code: Arapahoe, CO 80802

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

N		
NW	X	NE
W		E
SW		SE
S		

**4 DEPTH OF WELL** 27.66 ft. MW5

WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft

WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____

Was a chemical/bacteriological sample submitted to Department? Yes  No

**5 TYPE OF BLANK CASING USED:**

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specific below) _____
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter 2 in. Casing height above or below land surface NA in.

Was casing pulled? Yes  No  If yes, how much 3 ft

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other Soil: 0-3'

Grout Plug Intervals: From 3 ft to 27.66 ft, From \_\_\_\_\_ ft to \_\_\_\_\_ ft, From \_\_\_\_\_ ft to \_\_\_\_\_ ft,

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input checked="" type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feed yard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Soil			
3	27.66	Bentonite			
KDHE ID: Gaylon White Trust; U6-100-13250					

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/1/22 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 11/7/22 under the business name of Larsen & Associates, Inc. By (signature) \_\_\_\_\_

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records  
Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

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.

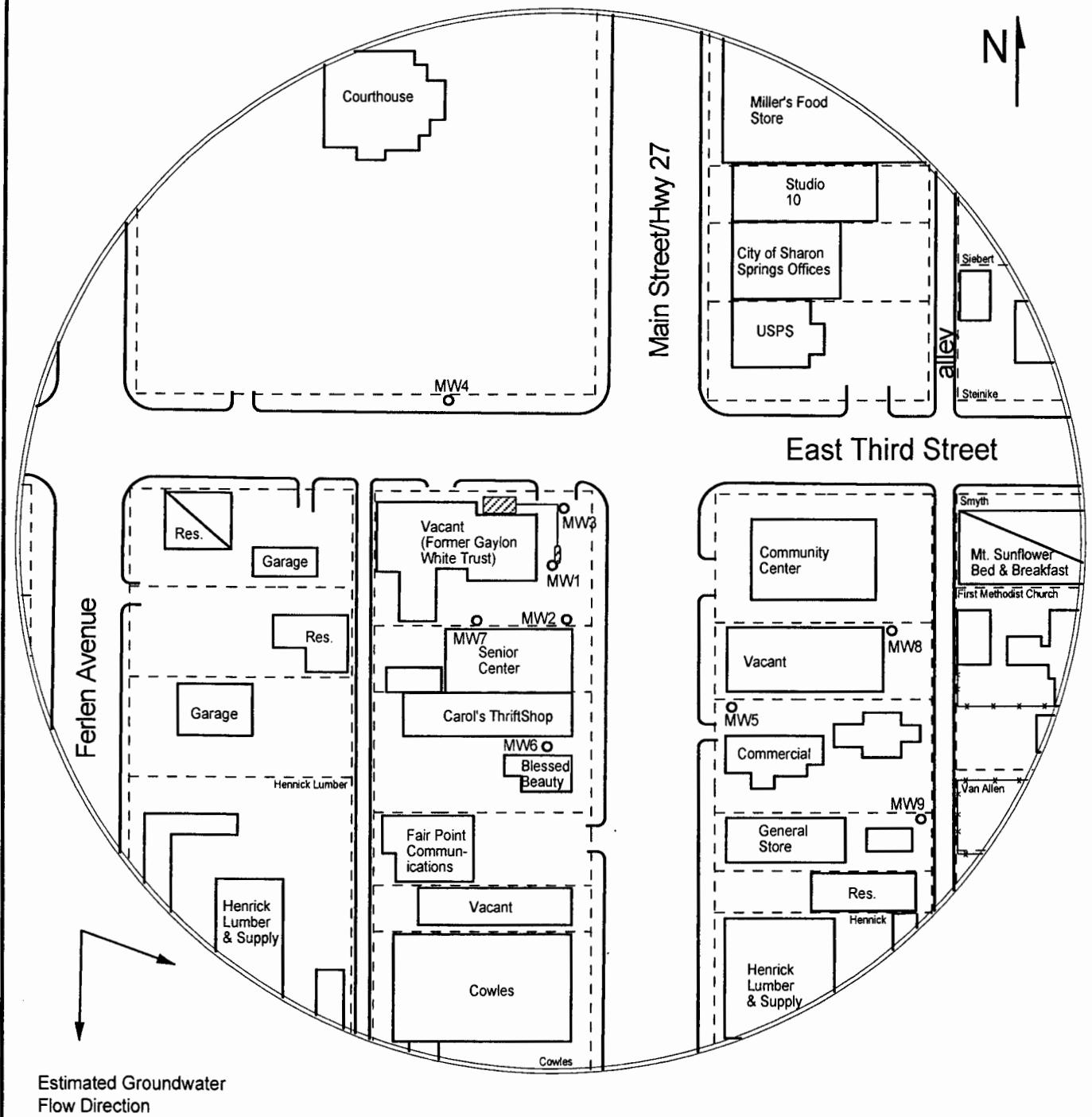


FIGURE 1 - 350 FT RADIUS AREA BASE MAP

**LEGEND:**

- Approximate Location of Former UST Basin & Pump Island
- Building with Basement
- Approximate Location of Property Line
- Plugged Monitoring Well

*Sec. 27 T.13 R.36.40W  
Wanace*



**PROJECT:**  
 Gaylon White Trust  
 227 N. Main Street  
 Sharon Springs, KS  
 KDHE ID: U6-100-13250  
 Date: 11/1/22



1311 E 25th St. Suite B  
 Lawrence, KS 66046  
 785-841-8707 office  
 785-865-4282 fax

NOTE: Utility depths, heights and locations are approximate.