

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

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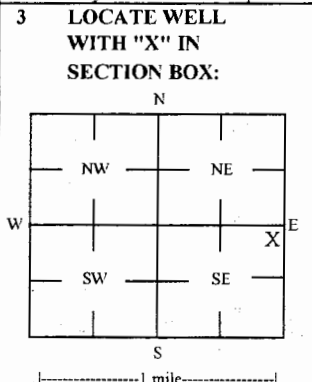
Well ID

MW19

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

1 LOCATION OF WATER WELL: County Barton Fraction NE 1/4 NE 1/4 SE 1/4 Section Number 5 Township Number T 18 S Range Number R 13 [] E [X] W

2 WELL OWNER: Last Name: First: 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: [] 210 E 1st St, Hoisington, KS



4 DEPTH OF COMPLETED WELL: 32.5 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) [] Dry Well WELLS STATIC WATER LEVEL: _____ ft. [] below land surface, measured on (mo-day-yr) [] 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: 38.51429 (decimal degrees) Longitude: 98.77544 (decimal degrees) Horizontal Datum: [X] WGS 84 [] NAD 83 [] NAD 27 Source for Latitude/Longitude: [] GPS (unit make/model: _____) (WAAS enabled? [] Yes [] No) [X] Land Survey [] Topographic Map [] Online Mapper 6 Elevation 1837.4 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 MW19 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 17.5 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface -0.27 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 17.5 ft. to 32.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From 15.5 ft. to 32.5 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 15.5 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? NW Distance from well? ~500 ft

Table with 6 columns: 10 FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows: 0-0.5 Topsoil, 0.5-8 Rubble with silty clay, 8-32.5 Silty clay.

Notes: KDHE ID: Herb's Conoco; U6-005-00573 Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDHE.

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) 9/24/18 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) 11/9/18 under the business name of Larsen & Associates, Inc. Signature [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-1, 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.

Barton

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NE NE NESE
SE SE SE NE

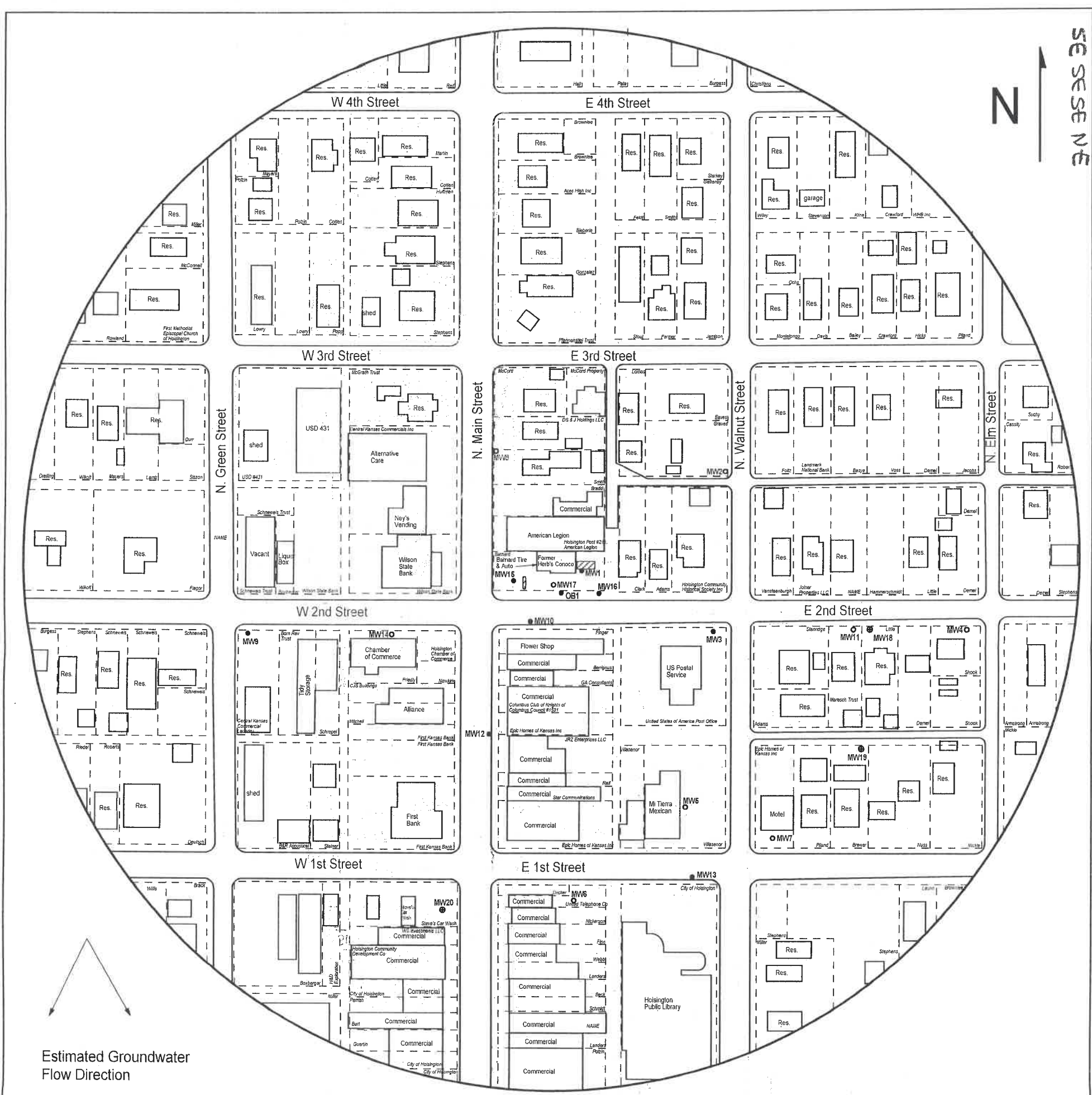
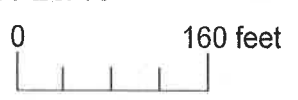


FIGURE 1 - 800 FT RADIUS AREA BASE MAP

- LEGEND**
- Approximate location of former UST Basin and pump island
 - Approximate Location of Property Line
 - Existing Monitoring Well
 - Plugged Monitoring Well
 - Monitoring Well (Installed 9/24-25/18)
 - Overhead Lines



PROJECT:
 Herb's Conoco
 202 S. Main
 Hoisington, KS
 KDHE ID: U6-005-00573
 Date: 9/24-25/18



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

NOTE: Location of former product lines is unknown.

S-18-13

RECEIVED
 NOV 27 2018
 BUREAU OF WATER