

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

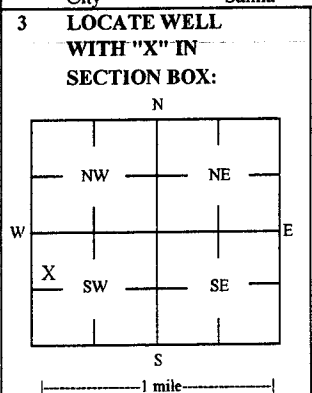
Well ID

MW9

Original Record Correction Change in Well Ust

1 LOCATION OF WATER WELL: County McPherson Fraction SE 1/4 SW 1/4 NW 1/4 SW 1/4 Section Number 28 Township Number T 19 S Range Number R 3 E W

2 WELL OWNER: Last Name: Business: Mac Pizz, LLC Address: 1903 Lewis Ave City Salina State: KS ZIP: 67401 Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): SW corner of Skancke and Ash St, McPherson, KS



3 LOCATE WELL WITH 'X' IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 102 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) Dry Well WELL'S STATIC WATER LEVEL: 90.58 ft [X] below land surface, measured on (mo-day-yr) 12/10/15

5 Latitude: 38.36583 (decimal degrees) Longitude: 97.66570 (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 1493.84 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 MW9 9 Environmental Remediation: well ID [] Air Sparge [] Soil Vapor Extraction [] 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 72 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface -0.28 in. Weight _____ lbs./ft. Well thickness or gauge No _____ TYPE OF SCREEN OR PERFORATION MATERIAL: [] Steel [] Stainless Steel [] Fiberglass [X] PVC [] Brass [] Galvanized Steel [] Concrete tile [] None used (open hole) [] Other (Specify) _____ 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 72 ft. to 102 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From 70 ft. to 107 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,

9 GROUT MATERIAL: [] Neat cement [X] Cement grout [X] Bentonite [X] Other Concrete: 0-1' Grout intervals: From 1 ft. to 66 ft, From 66 ft. to 70 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? ~270 ft

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows: 0-7 Topsoil: silty clay, 7-15 Clay, 15-75 Silty clay, 75-95 Sand, 95-107 Silty clay

Notes: KDHE ID: Little Caesars; U5-059-14487

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) 12/2-3/15 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) 1/4/16 under the business name of Larsen & Associates, Inc.

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, GWIS 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.