Form WWC-5 WATER WELL RECORD Division of Water **MW13** Well ID Correction X Original Record Change in Well Ust Resources App. No. LOCATION OF WATER WELL: Range Number Fraction Section Number Township Number NW 1/4 NW 1/4 SE 1/4 NW 1/4 SR County Hamilton 24 40 WELL OWNER: Last Name: Street or Rural Address where well is located (if unknown, distance and direction 2 First: from nearest town or intersection): If at owner's address, check here: Business: Rash Oil Address: 615 E Cedar -190' NE of Hwy 50 & Elizabeth, Syracuse KS 67878 Address: 37,48190 State: KS ZIP: 67901 City DEPTH OF COMPLETED WELL: LOCATE WELL Latitude: 37.91890 (decimal degrees) 25 ft WITH "X" IN Depth(s) Groundwater Encountered: 1) Longitude 101.75650 (decimal degrees) 2) _____ft 3) _____ft, or 4) Dry Well Horizontal Datum: WGS 84 NAD 83 NAD 27 **SECTION BOX:** WELL'S STATIC WATER LEVEL: 16.50 ft. Source for Latitude/Longitude: X below land surface, measured on (mo-day-yr) 4/11-12/23 GPS (unit make/model: (WAAS enabled? Yes above land surface, measured on (mo-day-yr) NW Pump test data: Well water was X Land Survey Topographic Map X hours pumping__ Online Mapper gpm W Water well was Elevation 3234.95 ft Ground Level X TOC hours pumping after SW SE Estimated Yield: gpm Source X Land Survey GPS Topographic Map Bore Hole Diameter: 7.25 in to Other ft. and in to -1 mile WELL WATER TO BE USED AS: 10 Oil Field Water Supply: lease 1 Domestic: 5 Public Water Supply: well ID Household Dewatering: how many wells? 11 Test Hole: well ID Aquifer Recharge: well ID Cased Uncased Lawn & Garden Geotechnical 8 X Monitoring: well ID MW13 12 Geothermal: How many bores? Livestock a) Closed Loop Horizontal Vertical Irrigation 9 Environmental Remediation: well ID Feedlot Air Sparge Soil Vapor Extraction b) Open Loop Surface Discharge Inj. of Water Recovery Industrial Injection 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 TYPE OF CASING USED: Steel X PVC Other CASING JOINTS: Glued Clampled Welded X Threaded ft, Diameter Diameter in. to ft, Casing diameter 2 in to 10 ft, Casing height above land surface -0.45 in. Weight lbs./ft. Well thickness or gauge No TYPE OF SCREEN OR PERFORATION MATERIAL: Stainless Steel X PVC Fiberglass Steel Other (Specify) Galvanized Steel Brass Concrete tile None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: X Mill Slot Gauze Wrapped Continuous Slot Torch Cut Drilled Holes Other (Specify) None (Open Hole) Louvered Shutter Key Punched Wire Wrapped Saw Cut SCREEN-PERFORATED INTERVALS: From 10 ft. to 25 ft From ft to

GRAV	/EL PACK I	NTERVALS: From	8 ft. to	25 ft, Fi	rom	ft. to	ft.	, From	ft. to	ft,		
		Neat cement	Cement grout	X Benton	nite X C	ther Conci	rete: 0-0.5'		Δ.			
		0.5 ft. to 8	ft, From	ft. to	П,	From	π. το		ΙΙ,			
Vearest source of possible contamination:												
	Septic Tank Lateral Lines Pit Privy					Livestock Pens Insecticide Storage X Fuel Storage Abandoned Water Well						
Sewer Lines Cess Po			ol Se	Sewage Lagoon					oned Water Well			
Watertight Sewer Lines Seepage Pit			Pit Fe	Feedyard Fertilizer S			orage	Oil Well / Gas Well				
Other (Specity)												
Direction from well? NW Distance from well? ~175								ft				
10 FROM	1 TO LITHOLOGIC LOG				FRO	М	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS				
0	7.5	Sandy silt										
7.5	14.5	Weathered shale										
14.5	25 Sand											
	-	Notes: KDHE ID: Rash Oil #4; U1-038-00668										
		Target of monitoring well is shallow groundwater, <20' of grout was installed at										
	the direction of KDHE.											
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) 4/11/23 and this record is true to the best of my knowledge and belief. Kansas Well Contractor's												
License No 757 This Water Well Record was completed on (mo-day-year) 5/3/23												
under the business name of Larsen & Associates, Inc. Signature												

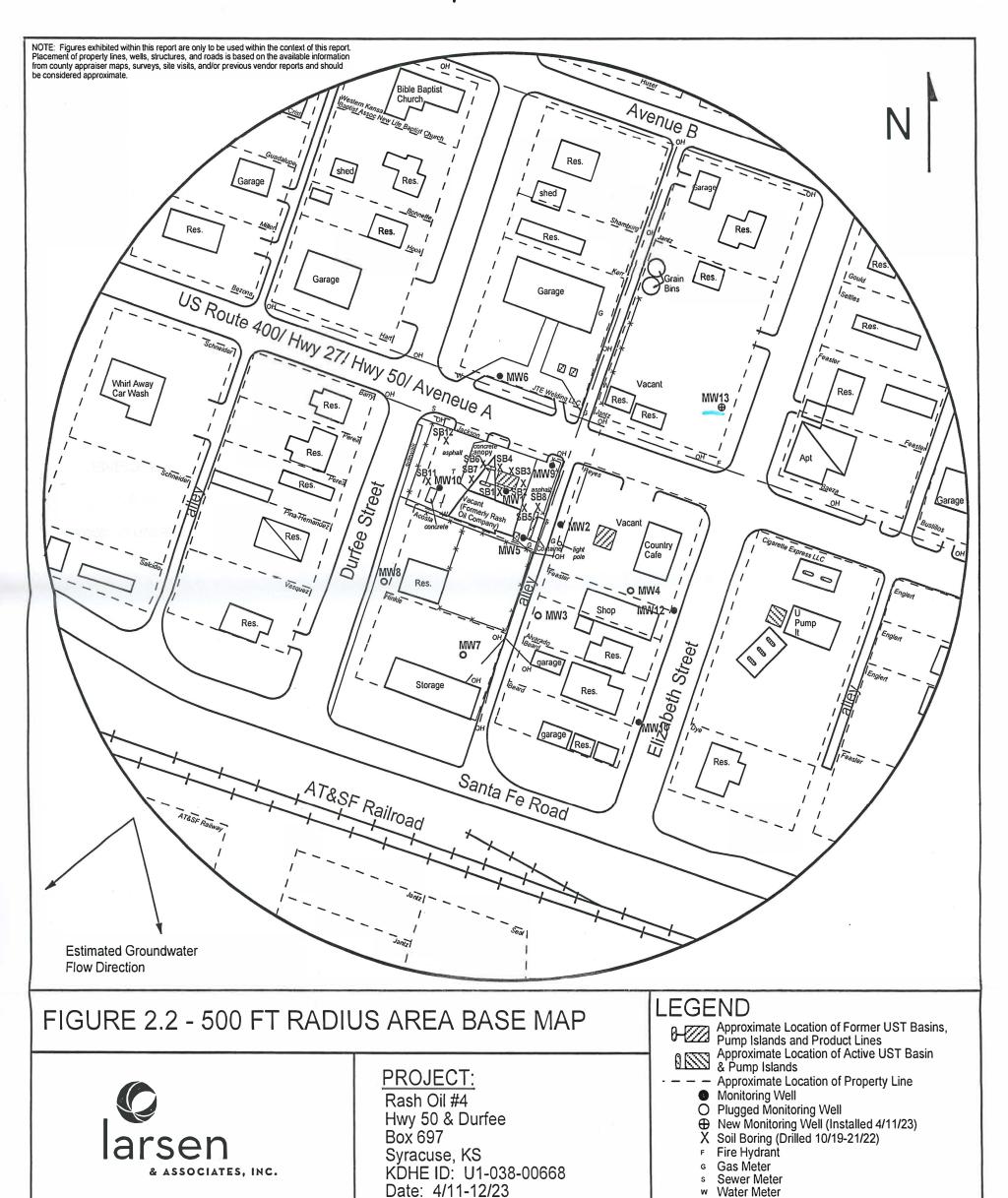
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Wattrawt S Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

KSA 82a-1212

Visit us at http://www.kdheks.gov/waterwell/index.html

Revised 7/10/2015

T.24 R.40W Sec.7 Hamilton County



100 feet

1311 E 25th St., Suite B

Lawrence, KS 66046

(785) 841-8707 office

(785) 865-4282 fax

Overhead Lines (25-40 ft high)

Telephone Lines (2 - 6 ft BGS)

NOTE: SB11 & SB12 were drilled to collect hydrologic samples. NOTE: Utility depths, heights and locations are approximate.