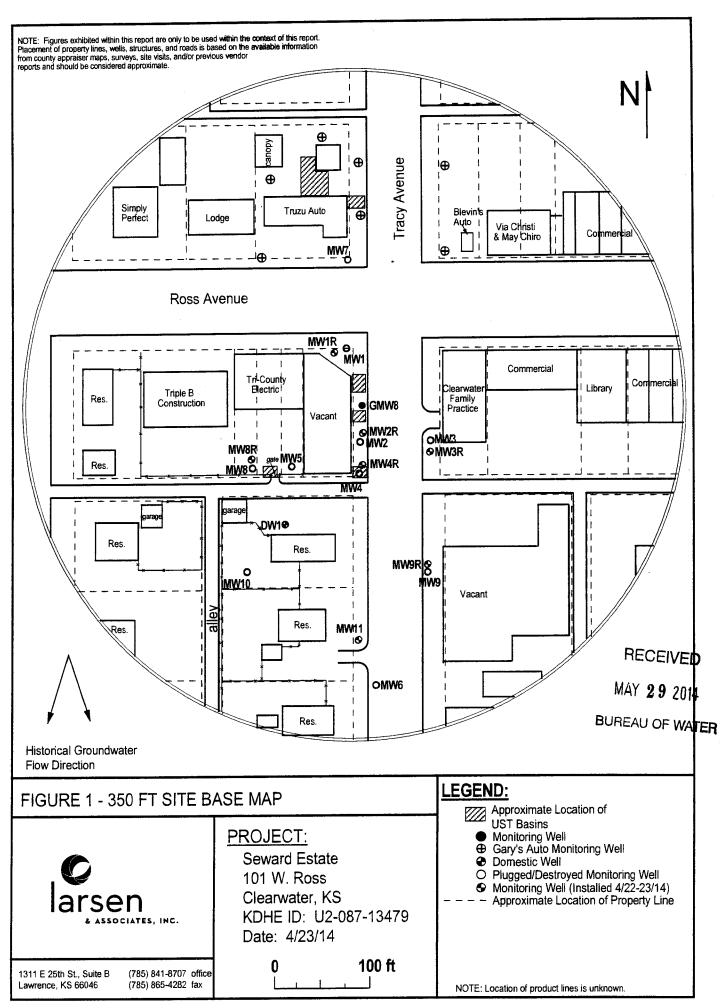
		RECORD						rces, App. No.	
1 LOC	ATION OF	WATER WELL:	Fraction NW 4	NW ¼	NE 4	Section Nu 26	ımber	Township Number	Range Number
Distance	Township Number   Range Number   County:   Sedgwick   NW ½ NW ½ NE ½   26   T 29 S R 2 W								
located within city? 101 W. Ross, Clearwater KS  Latitude: N 37.50426°  Longitude: W 97.50616°									
2 WATER WELL OWNER: KDHE Elevation: RIM:1279.99; TOC:1279.65									
RR# St Address Box # · 1000 Jackson Blvd						Datum:	WGS8	34	
City, State, ZIP Code : Topeka KS 66612						Data Colle	ction Me	ethod: legal surve	y
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 29.65 ft.									
LOCATON MW2R									
1	I AN "X"	N Depth(s) Group	ndwater Enc	ountered 1			ft. 2	ft.	3 ft.
	ION BOX	WELL'S STA	TIC WATER	R LEVEL	20.40 ft.	below lar	nd surfac	e measured on mo	3 ft. /day/yr 4/ <b>23/14</b>
5201	N	Pumr	test data:	Well water	was	ft.	after	hours pum	ping gpm
	×	7 Fet Vield	gnm'	Well water	was	ft	after	hours num	ping gpm
	v-Ĥ- NE-	WELL WATE	TO BE II	SED AS: 5	Public wat	er sunnly	8 Air	conditioning 11	Injection well
I PNV	V — NE -	1 Domestic 3							ther (Specify below)
w	<del></del>	E Dolliestic 3	Industrial	7 Domestic	Claum & a	y arden) (i	Monit.	oring well	uter (Specify below)
		1 1	muusutat	Domestic	(lawii & g	arden) ų	Olvioni	ornig wen	
-sy	v — SE —	1 1,	17. 4 ! - 1 -	1 1.	1	4 - D	49	V N- W	. 16
نــا ا									; If yes, mo/day/yrs
1	S	Sample was su	omitted			W	ater we	Il Disinfected? Yo	es No X
5 TYPE	OF CASI	NG USED: 5	Wrought Ire	on 8	Concrete	e tile	CASIN	NG JOINTS: Glue	d Clamped
1 Sto	eel	3 RMP (SR) 6	Ashestos-C	ement (	Other (s	necify bel	ow)	Weld	ded
(2) PV	/C	4 ABS 7	Fiberglass		` .		,	Thre	aded X
Blank cas	ing diamete	er 2 in to	14.65 ft	Dia	ir	. to	ft., I	Dia i	n. to ft.
Casing he	ight helow l	and surface 0.3	4 ft. W	eight		lbs./	ft. Wall	thickness or gauge	n. to ft.
TYPE OF	SCREEN	OR PERFORATION	MATERIA	AL:					
1 Ste	eel 3 Sta	or Perforation nless steel 5 Fit vanized steel 6 Co	erglass (	7) PVC	9 A <b>F</b>	3S		11 Other (specify	)
2 Br	ass 4 Gal	vanized steel 6 Co	ncrete tile	8 RM (SR)	10 As	bestos-Ce	ment	12 None used (or	en hole)
ISCREEN	OR PERF	DRATION OPENIN	GS ARE:						
1 Cc	ntinuous sl	ot (3)Mill slot	5 Gauz	ze wrapped	7 Torch	cut	9 Drille	d holes 11 Nor	ne (open hole)
1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From 14.65 ft. to 29.65 ft. From ft. to ft.									
SCREEN	-PERFORA	TED INTERVALS:	From	14.65	tt. to	29.65	ft. From	m tt.	to ft.
From ft. to ft. From ft. From ft. To ft. From ft. Fro							to ft.		
GRAVEL PACK INTERVALS: From 13 ft. to 29.95 ft. From ft. to						to ft.			
			From		ft. to		ft. From	m ft.	to ft.
6 GROU	JT MATE	RIAL: 1 Neat cerr	ent 2 Cer	nent grout	(3 Benton	nite (4	Other (	Concrete: 0-1'	
Grout Inte	rvals F	rom 1 ft. to	13 ft.	From	ft. t	:0	ft.	From	ft. to ft.
What is th	e nearest s	ource of possible con	tamination:						
1	tic tank	4 Lateral lir			0 Livestoc	k pens	13 Insec	ticide Storage	16 Other (specify
	er lines	5 Cess pool			) Fuel stor			doned water well	below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well									
	from well?				ow many	_		0	
			OGIC LOC					DI LICCINIC DE	CEDVAL C
FROM 0	TO 10	Grass on top; Brow			FROM	TO		PLUGGING IN	ELVALS
10	19	Brown medium sai							
19	29.95	Black medium san							
	27.75	Diack inculum sam							
						]	Flushmo	ount waiver from	BOW
							_		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged									
under my jurisdiction and was completed on (mo/day/year)  Kansas Water Well Contractor's License No.  757  This Water Well Record was completed on (no/day/year)  4/28/14									
		tractor's License No.		_			mpleted	n (nto/day/year)	4/28/14
		of Larsen & Asso			by (signatu				
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Remaind Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to VATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell									



## TRITERRA LAND SERVICES

P.O. Box 546 Clearwater, Kansas 67026 Office (620) 584-2313 Cell (316) 648-3617 Fax (620) 584-4371 e-mail: watfam@sktc.net

SURVEYING FOR MONITORING WELLS SEWARD ESTATE CLEARWATER, KANSAS

The above site is in Section 26, Township 29 South, Range 2 West of the Sixth Principal Meridian, Sedgwick County, Kansas. The Southeast corner of Section 26 was assigned coordinates of 00.00 North and 00.00 West.

The vertical control was the previously established control point described as the 'M' in Mueller on top of the fire hydrant at the northeast corner of the site. Elevation is 1280.13' MSL. A new control point was established as a chiseled 'X' on the southwest corner of the concrete pad beneath the street sign on the northeast corner of the site.

The Latitude and Longitude were scaled from a 7.5' quad map titled "Clearwater".

ID SE CORNER 26-29S-2W	NORTH 00.00	WEST 00.00	LATITUDE	LONGITUDE	ELEVATION
Control Point	5242.69	2630.88	37.50454	97.50616	1278.73
MW-1R NE NE NE NW	5237.70	2642.01	37.50453	97.50620	RIM 1278.35 TOC 1278.13
MW-2R NW NW NW NE	5141.33	2634.55	37.50426	97.50616	RIM 1279.99 TOC 1279.65
MW-3R NW NW NW NE	5133.87	2556.62	37.50423	97.50591	RIM 1279.84 TOC 1279.63
MW-4R NW NW NW NE	5098.12	2634.63	37.50417	97.50616	RIM 1279.40 TOC 1279.00
MW-8R NE NE NE NW	5106.74	2742.81	37.50416	97.50655	RIM 1279.03 TOC 1278.69
MW-9R NW NW NW NE	4991.75	2557.66	37.50385	97.50587	RIM 1279.22 TOC 1278.88
MW-11 SW NW NW NE	4926.13	2630.01	37.50369	97.50616	RIM 1280.68 TOC 1280.34



## State of Kansas KDHE/BER Well Tag Form

Seward Estate

KDHE Project Code:	U	2	0	8	7	1	3	4	7	9		
Well Tag Number					Well Number							
0050134					MW1R							
0050131					MW2R							
0050129					MW3R							
00501	MW4R											
0050133					MW8R							
0050135					MW9R							
00501	MW11											

After completing this form, photocopy it and keep the copy for your files. Send the original to the address below.

Kansas Department of Health & Environment Bureau of Environmental Remediation 1000 SW Jackson, Suite 410 Topeka, KS 66612-1367