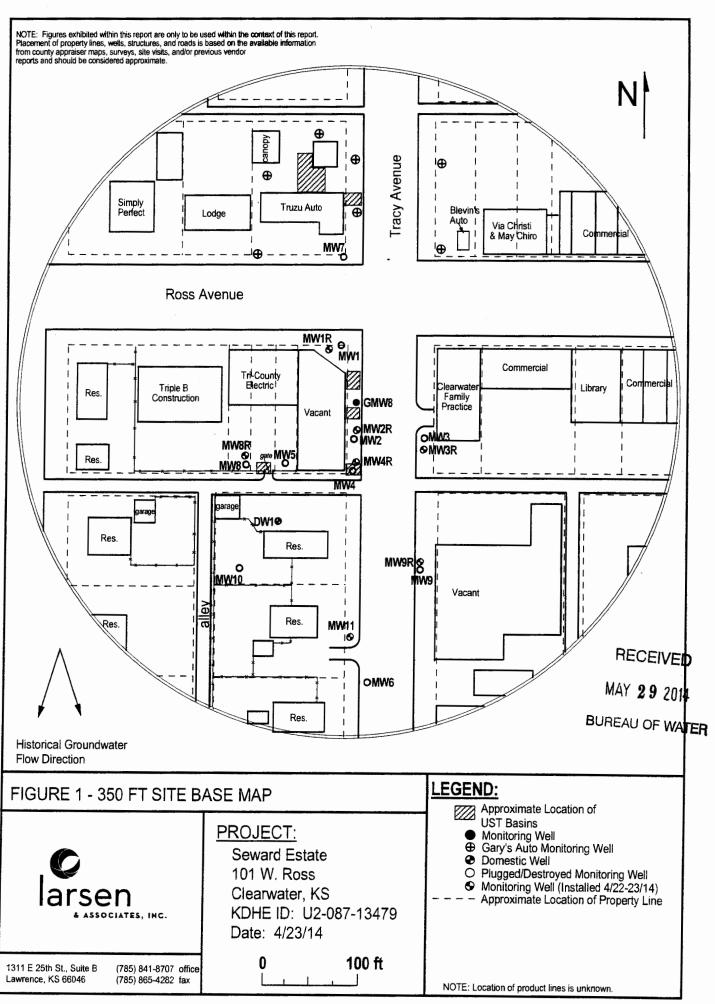
WATE	CR WELL	RECORD	Form WWC-				rces; App. No.			
County	S	WATER WELL: edgwick	NW 1/2 NW 1/2	NE 4	26		Township Numb	P	2 w	
Distance	and directio	n from nearest town 23 S Tracy, Clearw	or city street address o	f well if	Global Posi Latitude:	tioning N 37.5	<b>System</b> (decimal of 50369°	legrees,	, min. of 4 digits	
					Longitude:					
2 WA3	TER WELL	OWNER: KDHI	) l Dl d		Elevation:	RIM:	1280.68; TOC: 1	<u> 280.34</u>		
City	St. Address,	BOX# : 1000 Ja	ickson Blvd KS 66612		Datum:	ction Me	sthod: legal curv	A1/		
3 LOC	ATE WELL	2S A DEPTH OF	COMPLETED WEI	I 30 10	Data Cone	CCIOII IVI	ft ft	Су		
	ATON	J DEI III OI	COMI LETED WEI	30.10	MW11	******				
	H AN "X" I	N Denth(s) Groun	dwater Encountered 1			ft 2	fi	3	fi	
	TION BOX:	WELL'S STAT	ndwater Encountered l FIC WATER LEVEL	22.30 f	below lan	d surfac	e measured on m	o/dav/v	vr 4/23/14	
SEC	N	Pumr	test data: Well water	was	ft. 2	after	hours pur	nning	9nm	
	X	Est. Yield	test data: Well water	· was	ft. a	after	hours pur	nping .	gom	
1 1	W-+- NE	WELL WATE	R TO BE USED AS: 5	Public wa	iter supply	8 Air	conditioning 11	Inject	tion well	
1		1 Domestic 3	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)							
w		E 2 Irrigation 4	Industrial 7 Domestic	c (lawn &	garden) (1	0)Monit	oring well	`	, , , , , ,	
⊢s	w	-					-			
		Was a chemica	l/bacteriological sample	e submitte	to Departi	ment?	Yes No X	, If ye	es, mo/day/yrs	
	S	Sample was sul	omitted		W	ater We	ll Disinfected? Y	es	No X	
5 TYP	E OF CASIN	NG USED: 5	Wrought Iron	8 Concre	te tile	CASIN	√G JOINTS: Glu	ed	Clamped	
1 St	teel :	3 RMP (SR) 6	Asbestos-Cement	9 Other (	specify belo	ow)	We	lded		
Blank ca	sing diameter	r <b>2</b> in. to	15.10 ft., Dia	j	n. to	ft., I	Dia	in. to	ft.	
Casing he	eight below la	nd surface 0.3	15.10 ft., Dia 4 ft., Weight		lbs./f	t. Wall	thickness or gaug	e No.		
TYPE O	F SCREEN (	OR PERFORATION	MATERIAL: erglass 7 PVC ncrete tile 8 RM (SR					•		
1 St	eel 3 Stair	iless steel 5 Fib	erglass (7) PVC	9 A	BS		11 Other (specif	y)		
2 Bi	rass 4 Galv	ranized steel 6 Co RATION OPENIN	ncrete tile 8 RM (SR	(a) 10 A	sbestos-Ce	ment	12 None used (o	pen ho	le)	
SCREEN 1 C	ontinuous slo	or (3) Mill slot	JS ARE: 5 Gauze wranned	7 Torcl	n cut	9 Drilled	lholes 11 No	ne (on	en hole)	
1 Continuous slot 5 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 15.10 ft. to 30.10 ft. From ft. to ft.										
SCREEN	-PERFORA	TED INTERVALS:	From 15.10	ft. to	30.10	ft. From	n f	t. to	ft.	
			From	ft. to		ft. Fron	n f	t. to	ft.	
GF	RAVEL PAC	K INTERVALS:	From 13	ft. to	30.48	ft. Fron	n f	. to	ft.	
			From 13 From	ft. to		ft. Fron	n f	<b>t</b> o	ft.	
GRO	UT MATER	IAL: 1 Neat cem	ent 2 Cement grout 13 ft. From	(3 Bento	nite (4	Other (	Concrete: 0-1'			
Grout Int	ervals Fr	om 1 ft. to	13 ft. From	ft.	to	ft.	From	ft. <b>t</b>	o ft.	
What is th	he nearest so	urce of possible con	tamination:							
	tic tank			10 Livesto	ck pens 1	3 Insect	ticide Storage	16	Other (specify	
	ver lines	5 Cess pool					doned water well		below)	
		r lines 6 Seepage p					ell/ gas well			
Direction	from well?	N		How many	feet? ~17	0'				
FROM	TO		OGIC LOG	FROM	TO		PLUGGING IN	TERV	ALS	
0		Grass on top; Brow								
10		Brown medium sar	dy clay							
18	30.48	Tan medium sand		<del> </del>	-					
	·				<del>                                     </del>					
		-			F	lushmo	unt waiver from	BOW	1	
CONTRACTORIS OF LANDOWNIERS CERTIFICATION:										
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) 4/22/14 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) 4/28/14										
		of Larsen & Asso		by (signatu		1-1	(iiii day/yoar)_	-, 20/ J		
						rtm nt f	Health and Environm	ent Rur	eau of Water	
eology Sec	tion, 1000 SW .	lackson St., Suite 420, To	correct answers. Send top topeka, Kansas 66612-1367.	Telephone 78	35-296-5522.	Send and	to WATER WELL O	WNER a	and retain one for	
our records	. ree of \$5.00 f	or each constructed well.	Visit us at http://www.kdhe	cks.gov/water	well.	11				





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							
0050130					MW4R							
0050133					MW8R							
0050135					MW9R							
0050132					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