

☒ Original Record ☐ Correction ☐ Change in Well Use

1 LOCATION OF WATER WELL: County Smith		Fraction <div style="text-align:center;">SW ¼ SW ¼ SW ¼ NW ¼</div>	Section Number <div style="text-align:center;">22</div>	Township Number <div style="text-align:center;">T 3 S</div>	Range Number <div style="text-align:center;">R 13 E X W</div>																				
2 WELL OWNER: Last Name: Business: KDHE (Vandergiesen Printing) Address: 1000 SW Jackson City: Topeka State: KS ZIP: 66612		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: <input type="checkbox"/> 116 N Main, Smith Center, KS																							
3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align:center; margin-top:-10px;">NS</div> <table border="1" style="width:100%; height:100px; margin-top:10px; position:relative;"> <!-- This area contains the section box diagram --> </table>		4 DEPTH OF COMPLETED WELL: 18.5 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 15.93 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 3/7-8/23 <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Water well 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: 39.77859 (decimal degrees) Longitude: 98.78561 (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper																					
		6 Elevation: 1782.76 ft <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____																							
7 WELL WATER TO BE USED AS:																									
1 Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock		5 <input type="checkbox"/> Public Water Supply: well ID _____ 6 <input type="checkbox"/> Dewatering: how many wells? 7 <input type="checkbox"/> Aquifer Recharge: well ID _____ 8 <input checked="" type="checkbox"/> Monitoring: well ID MW15		10 <input type="checkbox"/> Oil Field Water Supply: lease _____ 11 Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical																					
2 <input type="checkbox"/> Irrigation 3 <input type="checkbox"/> Feedlot 4 <input type="checkbox"/> Industrial		9 Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> Recovery <input type="checkbox"/> Injection		12 Geothermal: How many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water <input type="checkbox"/> Other (specify): _____																					
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____																									
Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2 in. to 8.5 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface -0.41 in. Weight _____ lbs./ft. Well thickness or gauge No _____																									
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)																									
SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)																									
SCREEN-PERFORATED INTERVALS: From 8.5 ft. to 18.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,																									
GRAVEL PACK INTERVALS: From 6.5 ft. to 18.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,																									
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Concrete: 0-0.75' Grout intervals: From 0.75 ft. to 6.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft.																									
Nearest source of possible contamination: <table style="width:100%;"> <tr> <td><input type="checkbox"/> Septic Tank</td> <td><input type="checkbox"/> Lateral Lines</td> <td><input type="checkbox"/> Pit Privy</td> <td><input type="checkbox"/> Livestock Pens</td> <td><input type="checkbox"/> Insecticide Storage</td> </tr> <tr> <td><input type="checkbox"/> Sewer Lines</td> <td><input type="checkbox"/> Cess Pool</td> <td><input type="checkbox"/> Sewage Lagoon</td> <td><input checked="" type="checkbox"/> Fuel Storage</td> <td><input type="checkbox"/> Abandoned Water Well</td> </tr> <tr> <td><input type="checkbox"/> Watertight Sewer Lines</td> <td><input type="checkbox"/> Seepage Pit</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Fertilizer Storage</td> <td><input type="checkbox"/> Oil Well / Gas Well</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other (Specity) _____</td> </tr> </table>						<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage	<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input checked="" type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well	<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well / Gas Well	<input type="checkbox"/> Other (Specity) _____				
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Direction from well? W Distance from well? ~120 ft																									
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																				
0	0.75	Concrete																							
0.75	18.5	Clay																							
			Notes: KDHE ID: Vandergiesen Printing; U6-092-10487 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 <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 3/6/23 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) 3/23/23 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 Water, Office 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.																									
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212				Revised 7/10/2015																					

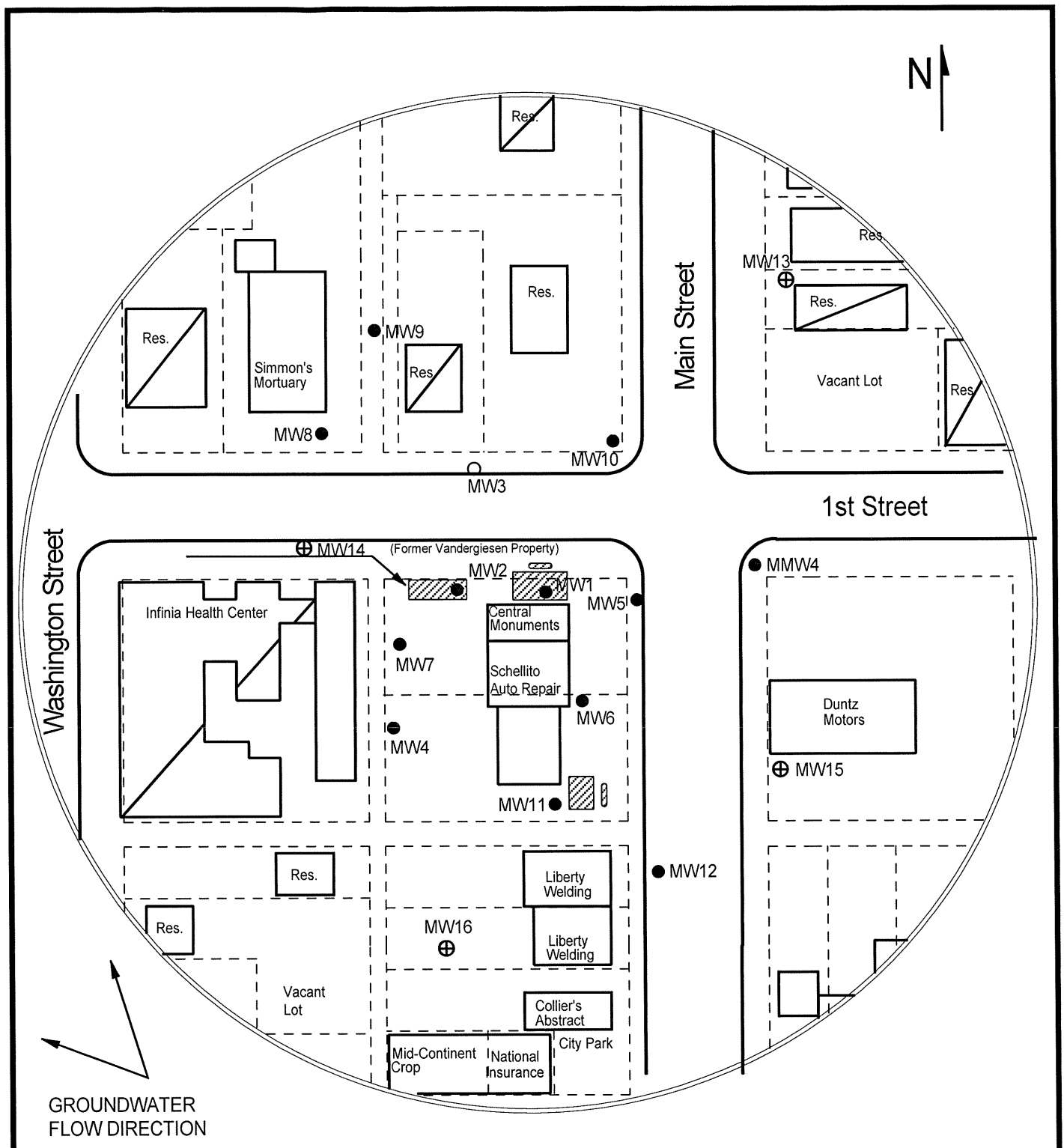


FIGURE 1 - 350 FT RADIUS AREA BASE MAP



1311 E. 25th St., Suite B (785) 841-4707 (office)
Lawrence, KS 66046 (785) 865-4282 (fax)

PROJECT:

Vandergiesen Printing
119 N. Main
Smith Center, KS
KDHE ID: U6-092-10487
Date: 3/6-7/23

0 100 ft

LEGEND

- Approximate Size/Location of Former UST Basin/Pump Island
- Approximate Location of Property Lines
- Building with Basement
- Monitoring Well
- New Monitoring Well (Installed 3/6-7/23)