

|   |                         |                |          |        |          |        |           |          |
|---|-------------------------|----------------|----------|--------|----------|--------|-----------|----------|
| 1 | LOCATION OF WATER WELL: | Fraction       | Section  | Number | Township | Number | Range     | Number   |
|   | County: <b>Decatur</b>  | SE ¼ NW ¼ SW ¼ | <b>1</b> |        | <b>3</b> |        | <b>29</b> | <b>E</b> |

Distance and direction from nearest town or city street address of well if located within city?

209 South Rodehaver

|   |                                                    |                                                   |
|---|----------------------------------------------------|---------------------------------------------------|
| 2 | WATER WELL OWNER: <b>City of Oberlin</b>           |                                                   |
|   | RR #, St. Address, Box #: <b>107 W. Commercial</b> | Board of Agriculture, Division of Water Resources |
|   | City, State, ZIP Code: <b>Oberlin, KS 67749</b>    | Application Number:                               |

|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------|--|----|--|----|---|--|---|----|--|----|--|--|--|--|---|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|----------------------------|-------------------|--------------|--------------------|-------------------------------------------------|
| 3                                                                                                                                                                                                                                                 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                      | 4                                               | DEPTH OF WELL <b>17.55</b> ft. |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |
|                                                                                                                                                                                                                                                   | <div style="text-align: center;">N</div> <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>NW</td> <td></td> <td>NE</td> </tr> <tr> <td>W</td> <td></td> <td>E</td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>S</td> <td></td> </tr> </table> |                                                 |                                |  | NW |  | NE | W |  | E | SW |  | SE |  |  |  |  | S |  | WELL'S STATIC WATER LEVEL <b>DRY</b> ft.<br><br>WELL WAS USED AS:<br><table> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td><input checked="" type="checkbox"/> Other SVE-B</td> </tr> </table> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | <input checked="" type="checkbox"/> Other SVE-B |
|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |
| NW                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                       | NE                                              |                                |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |
| W                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                       | E                                               |                                |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |
| SW                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                       | SE                                              |                                |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |
|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |
|                                                                                                                                                                                                                                                   | S                                                                                                                                                                                                                                                                                                                                     |                                                 |                                |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |
| 1 Domestic                                                                                                                                                                                                                                        | 5 Public Water Supply                                                                                                                                                                                                                                                                                                                 | 9 Dewatering                                    |                                |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |
| 2 Irrigation                                                                                                                                                                                                                                      | 6 Oil Field Water Supply                                                                                                                                                                                                                                                                                                              | 10 Monitoring Well                              |                                |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |
| 3 Feedlot                                                                                                                                                                                                                                         | 7 Domestic (Lawn & Garden)                                                                                                                                                                                                                                                                                                            | 11 Injection Well                               |                                |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |
| 4 Industrial                                                                                                                                                                                                                                      | 8 Air Conditioning                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Other SVE-B |                                |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |
| Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/><br>If yes, mo/day/yr sample was submitted .....<br><br>Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                       |                                                 |                                |  |    |  |    |   |  |   |    |  |    |  |  |  |  |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                                                 |

|                                                                                                                                                                                                            |                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5                                                                                                                                                                                                          | TYPE OF BLANK CASING USED:                                                                                                                                                  |
|                                                                                                                                                                                                            | 1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below)<br><input checked="" type="checkbox"/> 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile |
| Blank casing diameter <b>4"</b> in.    Was casing pulled? Yes <input checked="" type="checkbox"/> No .....    If yes, how much <b>3'</b><br>Casing height above or <u>below</u> land surface <b>3'</b> in. |                                                                                                                                                                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     |                                                  |                          |                                                  |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------|--------------------------------------------------|--------------------------|---------------|-------------|-----------------------|--|--------------------------|-----------------|------------------------|--|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout <input checked="" type="checkbox"/> Bentonite    4 Other ..... |                                                  |                          |                                                  |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
| Grout Plug Intervals: From <b>3</b> ft. to <b>17.55</b> ft., From ..... ft. to ..... ft., From ..... to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                     |                                                  |                          |                                                  |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
| What is the nearest source of possible contamination:<br><table> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td><input checked="" type="checkbox"/> Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> |                                                                                                                     | 1 Septic tank                                    | 6 Seepage pit            | <input checked="" type="checkbox"/> Fuel storage | 16 Other (specify below) | 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage |  | 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage |  | 4 Lateral lines | 9 Feedyard | 14 Abandoned water well |  | 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well |  |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6 Seepage pit                                                                                                       | <input checked="" type="checkbox"/> Fuel storage | 16 Other (specify below) |                                                  |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7 Pit privy                                                                                                         | 12 Fertilizer storage                            |                          |                                                  |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8 Sewage lagoon                                                                                                     | 13 Insecticide storage                           |                          |                                                  |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
| 4 Lateral lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9 Feedyard                                                                                                          | 14 Abandoned water well                          |                          |                                                  |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
| 5 Cess pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10 Livestock pens                                                                                                   | 15 Oil well/Gas well                             |                          |                                                  |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
| Direction from well? .....    How many feet? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     |                                                  |                          |                                                  |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |

| FROM | TO    | PLUGGING MATERIALS  |
|------|-------|---------------------|
| 0    | 0.5   | cement              |
| 0.5  | 3     | native soil         |
| 3    | 17.55 | bentonite hole plug |
|      |       |                     |
|      |       |                     |
|      |       |                     |
|      |       |                     |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>11/20/13</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>735</b> This Water Well Record was completed on (mo/day/year) <b>11/21/13</b> under the business name of <b>MILCO Environmental Services, Inc.</b><br>by (signature) <i>[Signature]</i> |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.

MILCO Environmental Services, Inc.  
320 W. 4<sup>th</sup> Street  
Colby, KS 67701  
(785)-460-1956

Daily Field Log For:

Project:

Weather Conditions:

Travel Time (manhours): #1

Travel Time (manhours): #2

Total Job Time (manhours):

Date:

Job No.:

Project Manager:

Onsite / Offsite:

Onsite / Offsite:

| NAME              | WORK PERFORMED            | HOURS |
|-------------------|---------------------------|-------|
| #1 Alizmendis Dan | Abandoning wells          | 4.5   |
| #2 Travis Zerr    | Same                      |       |
|                   |                           |       |
| Don Alizmendis    | Prep Time                 | 1.0   |
| Don Alizmendis    | Paperwork                 | .5    |
|                   | Sample Packing & Shipping |       |

**Additional Personnel on Site (client, regulatory, subcontractor, visitor):**

| NAME | AFFILIATION | WORK PERFORMED | TIME |
|------|-------------|----------------|------|
|      |             |                |      |
|      |             |                |      |

**Equipment used on site:** (check all that apply)

- |                                                           |                                                       |                                                |
|-----------------------------------------------------------|-------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Water Level Indicator | <input type="checkbox"/> Multigas Detector (MultiRae) | <input type="checkbox"/> Air Compressor        |
| <input type="checkbox"/> Interface Probe                  | <input type="checkbox"/> Air Flow Meter (Velosicalc)  | <input type="checkbox"/> Bobcat/Skidloader     |
| <input type="checkbox"/> Dissolved Oxygen Meter           | <input type="checkbox"/> Manometer                    | <input type="checkbox"/> Pressure Washer       |
| <input type="checkbox"/> Submersible Pump                 | <input type="checkbox"/> Air Sample Pump              | <input type="checkbox"/> Survey Equipment      |
| <input type="checkbox"/> Field Sampling Trailer           | <input type="checkbox"/> PID-Photoionization Detector | <input type="checkbox"/> AS Blower GAST 2567   |
| <input type="checkbox"/> Generator                        | <input type="checkbox"/> pH Meter                     | <input type="checkbox"/> SVE Blower Rotron 858 |
| <input type="checkbox"/> Metal Detector                   | <input type="checkbox"/> pH/Conductivity/Temp Meter   | <input type="checkbox"/> GPS                   |
| <input type="checkbox"/> Waterra Pump Jack                | <input type="checkbox"/> Combustion/O2/Tox Meter      | <input type="checkbox"/> Data Logger           |
| <input type="checkbox"/> Other <u>Sack Hammer</u>         | <input type="checkbox"/> Other _____                  | <input type="checkbox"/> Other _____           |

**Materials used on site:**

| ITEM | QUANTITY       | ITEM | QUANTITY |
|------|----------------|------|----------|
| 10   |                |      |          |
| 10   | Days Cement    |      |          |
| 10   | Days Hole Plug |      |          |

**Activities performed** (site work, system adjustments, maintenance/repairs performed, observations, etc):

take photos before and after.  
Cement out plug wells. Things went good. and I got good help.  
Cut PVC Pipe off at 3 feet and hole plug wells and put Dart 3 feet down wells.

**Repairs/Parts needed:**

Don Alizmendis  
Signature

Amendments

Field Tech:

Zerr

Date:

11-20-13

Oberlin Warehouse

Site Name:

M245-G1-01

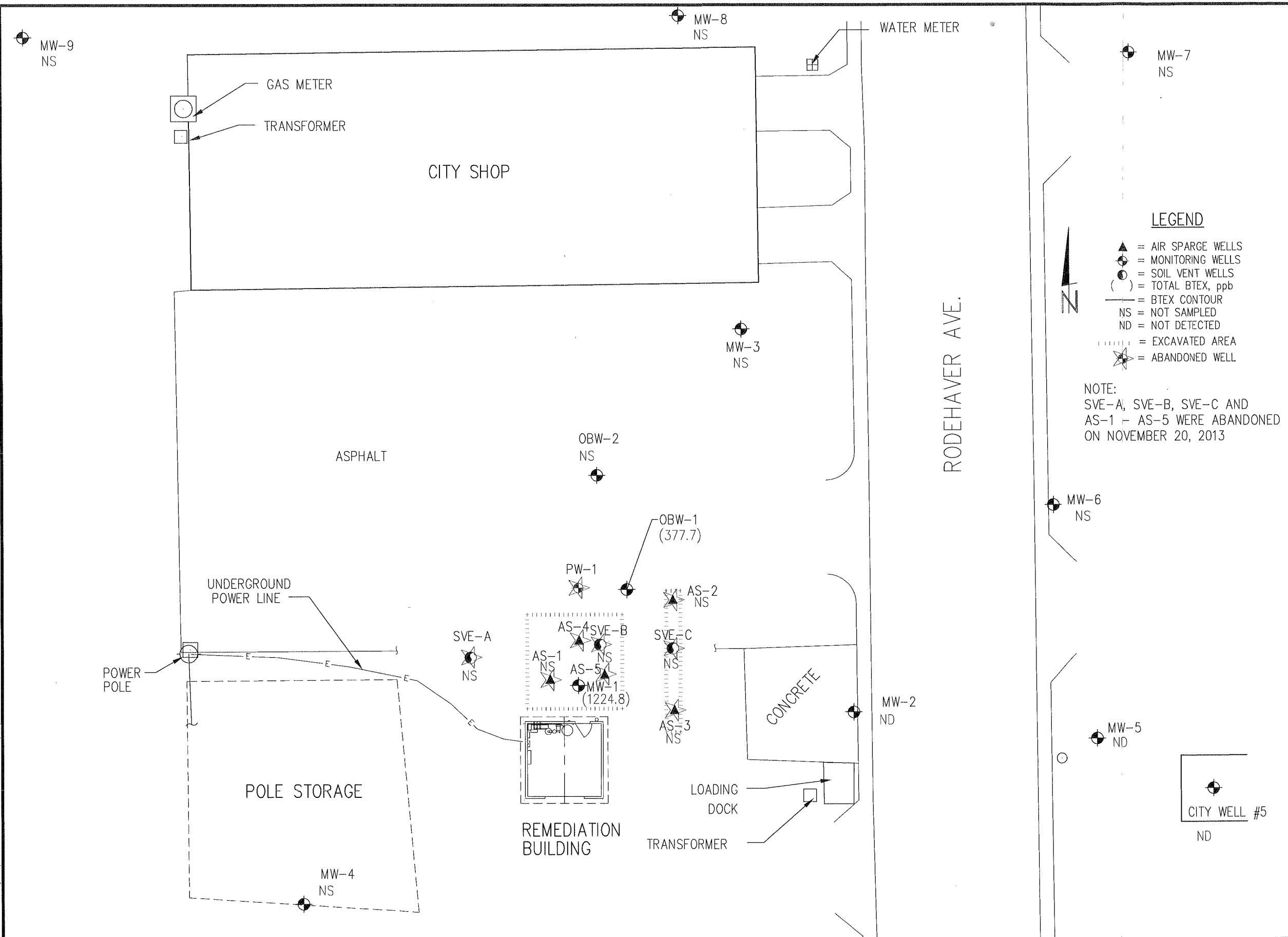
Project #:

| Well ID: | State Tag # | Old Tag # | Cement<br>Net Wt # | Pipe Size | Bottom of Casing       | Water Level |
|----------|-------------|-----------|--------------------|-----------|------------------------|-------------|
| SVE-A    | 00160797    | no        | Dirt               | 4         | 16.48                  | Dry         |
| SVE-B    | 00309813    | no        | Cement             | 4         | 17.55                  | Dry         |
| SVE-C    | 00309820    | no        | Cement             | 4         | 19.25                  | Dry         |
| AS-1     | 00309783    | no        | Cement             | 2         | <del>29.56</del> 31.08 | 25.56       |
| AS-2     | 00309790    | no        | Cement             | 2         | 31.53                  | 28.00       |
| AS-3     | 00309806    | no        | Cement             | 2         | 31.40                  | 25.40       |
| AS-4     | 0041316     | no        | Cement             | 2         | 29.92                  | 25.37       |
| AS-5     | 0041317     | no        | Cement <u>cut</u>  | 2         | 35.05                  | 25.40       |

RECEIVED  
DEC 02 2013  
BUREAU OF WATER

471411

PLOTTED: 11/21/2013 11:17 AM  
 SAVED: 11/21/2013 11:17 AM  
 BY: Brian S. Fehrenbruch  
 G:\Projects\245-G1-001-01\Quarterly\Figure Site 11-21-13.dwg



| REVISIONS | BY |
|-----------|----|
|           |    |
|           |    |

**MILCO**  
Environmental Services, Inc.

**SITE MAP**  
**City of Oberlin - Warehouse**  
**KDHE U6020628**

SCALE: 1" = 20'

PROJECT NO. M245-G1-001

FIELD BOOK NO. SEE FILE

DATE: November, 2013

DRAWN BY: BSF

APPROVED BY:

**FIGURE S**

RECEIVED

DEC 02 2013

CLERK OF WATER



RECEIVED  
DEC 02 2013  
BUREAU OF WATER

## MILCO

**Environmental Services, Inc.**

320 W. 4<sup>th</sup> Street  
Colby, KS 67701  
Tel: 785-460-1956  
Fax: 785-460-4220

Photos: City of Oberlin Warehouse  
Before and After Photos of Plugged Wells:  
SVE-A, SVE-B, and SVE-C  
MILCO Project No. M245-G1-01