

**WATER WELL RECORD Form WWC-5**
☒ Original Record   ☐ Correction   ☐ Change in Well Use
Division of Water  
Resources App. No.Well ID  
MW-9SR

<b>1 LOCATION OF WATER WELL:</b> County: Wyandotte		Fraction SW ¼ NW ¼ SE ¼ NW ¼	Section Number 13	Township Number T 11 S	Range Number R 24 <input checked="" type="checkbox"/> E <input type="checkbox"/> W																																										
<b>2 WELL OWNER:</b> Last Name: First: Business: T H Agriculture & Nutrition LLC Address: 15313 W. 95th St. Address: City: Lenexa State: KS ZIP: 66219		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"/> 5200 Speaker Rd., Kansas City, Kansas																																													
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  W E S  -----1 mile-----	<b>4 DEPTH OF COMPLETED WELL:</b> 52.3 ft. Depth(s) Groundwater Encountered: 1) 43 ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 41.36 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 07/23/2018 <input type="checkbox"/> above land surface, measured on (mo-day-yr) ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm Estimated Yield: ..... gpm Bore Hole Diameter: 8.25 in. to 52.3 ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> 39.0969317 ..... (decimal degrees) <b>Longitude:</b> 94.7005394 ..... (decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input checked="" 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 type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....																																												
	<b>6 Elevation:</b> 767 ..... ft. <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Other KOLAR																																														
<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial 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 MW-9SR 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 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 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 13. <input type="checkbox"/> Other (specify): .....																																															
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <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																																															
<b>8 TYPE OF CASING USED:</b> <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 ..... 42.3 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... 0 ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. 40 ..... <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <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) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <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) <b>SCREEN-PERFORATED INTERVALS:</b> From 42.3 ft. to 52.3 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From 39.3 ft. to 52.3 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																															
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From ..... 1 ..... ft. to ..... 39.3 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>Nearest source of possible contamination:</b> <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 checked="" type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input 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 (Specify) ..... Direction from well? East Distance from well? 50 ..... ft.																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>10 FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>Topsoil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>10</td> <td>Silty fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>15</td> <td>Fine sand, gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>43</td> <td>Silty fine sand, some m sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>43</td> <td>52.3</td> <td>Sand, m, w/ silty clay layer</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="height: 40px; vertical-align: top;">Notes:</td> </tr> </tbody> </table>						10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	1	Topsoil				1	10	Silty fine sand				10	15	Fine sand, gravel				15	43	Silty fine sand, some m sand				43	52.3	Sand, m, w/ silty clay layer				Notes:					
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																																										
0	1	Topsoil																																													
1	10	Silty fine sand																																													
10	15	Fine sand, gravel																																													
15	43	Silty fine sand, some m sand																																													
43	52.3	Sand, m, w/ silty clay layer																																													
Notes:																																															

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) 06/29/2018 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 ..... This Water Well Record was completed on (mo-day-year) 07/23/2018 ..... under the business name of GSI Engineering, LLC

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.

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

KSA 82a-1212

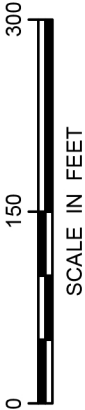


LEGEND

- Groundwater Monitoring Well
- Proposed Groundwater Monitoring Well Location
- Base Feature
- Sanitary Sewer Line
- Restricted Zone
- Listed Waste Excavation Area
- Anticipated Construction Area

NOTES:

1. Facility mapping based on aerial photography taken by Western Air Maps (August 8, 1990).
2. Facility mapping revised by George Butler and Associates (March 13, 2002).
3. Base adapted from URS drawing "2-18 10/23/2002".
4. SVE Expansion Survey (Anderson Survey, October 21, 2005).
5. Rail Construction Areas adapted from URS drawing Harcros PROPOSED 10.dgn (November 2014).



PROJECTION: NAD83 State Plane Kansas North Feet

HARCROS CHEMICALS INC.  
5200 SPEAKER ROAD  
KANSAS CITY, KANSAS

MONITORING WELL MODIFICATIONS

MONITORING WELL SITE MAP