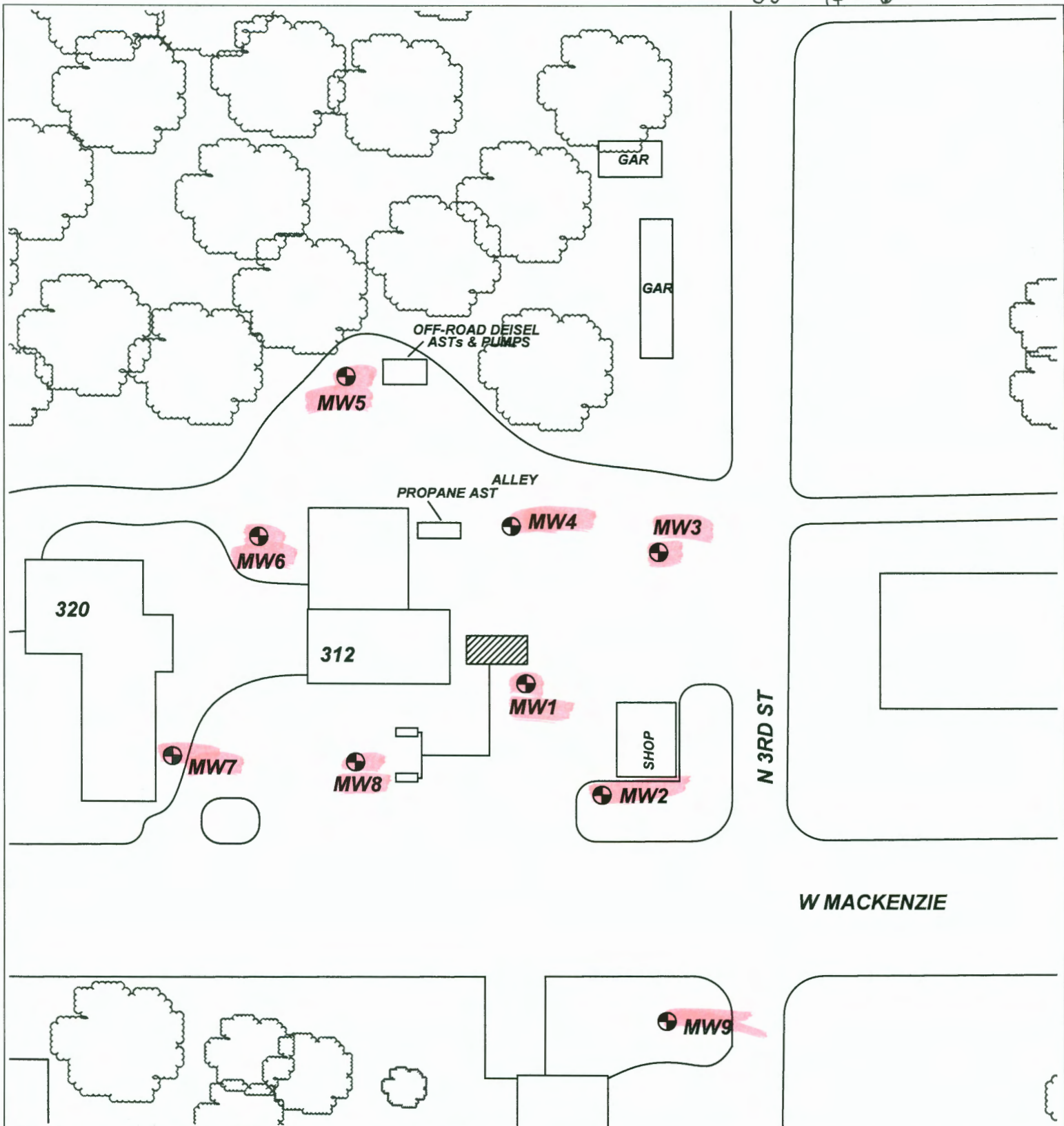


☒ Original Record ☐ Correction ☐ Change in Well Use

Well ID

MV4

1 LOCATION OF WATER WELL: County: MORRIS		Fraction <div>SW¼ NE¼ NW¼ NW¼</div>	Section Number <div>35</div>	Township Number <div>T 14 S</div>	Range Number <div>R 6 E W</div>									
2 WELL OWNER: Last Name: Business: AGRI TRAILS COOP Address: 312 MACKENZIE ST. City: WHITE CITY State: KS ZIP: 66872			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 checked="" type="checkbox"/>											
3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="text-align:center;"><table border="1" style="margin:auto; width:100px; height:100px;"> <tr><td>X</td><td></td></tr> <tr><td>--NW--</td><td>--NE--</td></tr> <tr><td> W </td><td> E </td></tr> <tr><td>--SW--</td><td>--SE--</td></tr> <tr><td>S</td><td></td></tr> </table></div> -----1 mile-----	X		--NW--	--NE--	W	E	--SW--	--SE--	S		4 DEPTH OF COMPLETED WELL:115..... ft.		5 Latitude:38.79611.....(decimal degrees)	
	X													
--NW--	--NE--													
W	E													
--SW--	--SE--													
S														
Depth(s) Groundwater Encountered: 1)ft. 2)ft. 3)ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL:74.66..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr). 9/22/20 <input type="checkbox"/> above land surface, measured on (mo-day-yr) Pump test data: Well water wasft. after..... hours pumping gpm Well water wasft. after..... hours pumping gpm Estimated Yield:gpm Bore Hole Diameter:8.5.... in. to115... ft. andin. toft.		Longitude:96.73893.....(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:1466.77.....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 <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial 2. Public Water Supply: well ID 3. Dewatering: how many wells? 4. Aquifer Recharge: well ID 5. Monitoring: well IDMW4 6. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 7. Oil Field Water Supply: lease 8. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 9. 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 10. 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 diameter4..... in. to115..... ft., Diameterin. toft., Diameterin. toft. Casing height above land surfacein. Weightlbs./ft. Wall 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: Fromft. toft., Fromft. toft., Fromft. toft. GRAVEL PACK INTERVALS: Fromft. toft., Fromft. toft., Fromft. toft.														
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> CONCRETE 0-1 Grout Intervals: From0..... ft. to83..... ft., Fromft. toft., Fromft. toft.														
Nearest source of possible contamination: <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 (Specify) Direction from well? Distance from well?ft.														
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS									
0	9	SILTY CLAY												
9	115	ALTERNATING SHALE AND LIMESTON												
Notes: U5-064-15220														
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) 9/22/20..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585..... This Water Well Record was completed on (mo-day-year) 10/19/20..... under the business name of ASSOCIATED ENVIRONMENTAL 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, GWTS 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														



PROJECT: **AGRI TRAILS COOP - WHITE CITY**

ADDRESS: **312 MACKENZIE ST.**

LOCATION: **WHITE CITY, KS**

DRAWN BY: **B. STALNAKER** DATE: **5/27/20**

REVISED BY: **B. STALNAKER** DATE: **12/14/20**

AEI JOB #: **TF528** KDHE JOB #: **U5-064-15220**

TITLE:



**ASSOCIATED
ENVIRONMENTAL
INC.**

LEGEND:

= ACTIVE PUMP ISLAND/BASIN
 = MONITORING WELL

..... = SUBJECT PROPERTY

SCALE: **1" = 50'**



0 25 50

NOTES:

