

**WATER WELL RECORD Form WWC-5**

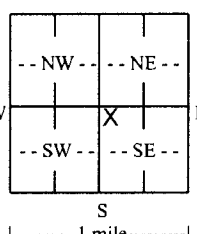
Division of Water Resources App. No.

Well ID **MW4**

Original Record  Correction  Change in Well Use

|   |                                 |                            |                                  |   |
|---|---------------------------------|----------------------------|----------------------------------|---|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>MARION</b> | Fraction<br>NW ¼ NW ¼ NW ¼ SE ¼ | Section Number<br><b>4</b> | Township Number<br><b>T 22 S</b> | Range Number<br><b>R 3</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W |
|---|---------------------------------|----------------------------|----------------------------------|---|

|   |  |
|---|--|
| <b>2 WELL OWNER:</b> Last Name: <b>KDHE BER</b><br>Business: <b>KDHE BER</b><br>Address: <b>1000 SW JACKSON</b><br>Address: <b>STE 410</b><br>City: <b>TOPEKA</b> State: <b>KS</b> ZIP: <b>66612-1367</b> | 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"/> |
|---|--|

|   |   |   |
|---|---|---|
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>  | <b>4 DEPTH OF COMPLETED WELL:</b> ..... <b>20</b> ..... ft.<br>Depth(s) Groundwater Encountered: 1) ..... <b>13</b> ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: ..... <b>13.24</b> ..... ft.<br><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) ... <b>6/14/17</b> ...<br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: ..... gpm<br>Bore Hole Diameter: ..... <b>8.5</b> ..... in. to ..... <b>20</b> ..... ft. and<br>..... in. to ..... ft. | <b>5 Latitude:</b> ..... <b>38.16674</b> ..... (decimal degrees)<br><b>Longitude:</b> ..... <b>97.10623</b> ..... (decimal degrees)<br>Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br>Source for Latitude/Longitude:<br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |
| <b>6 Elevation:</b> <b>1365.27</b> ..... ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC<br>Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><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<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input checked="" type="checkbox"/> Monitoring: well ID ..... <b>MW4</b> .....<br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> Other (specify): ..... |
|--|--|---|

Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: .....

Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter ..... **2** ..... in. to ..... **20** ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... **0** ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. **SCH40** .....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) .....  
 Brass  Galvanized Steel  Concrete tile  None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)

**SCREEN-PERFORATED INTERVALS:** From **.10** ..... ft. to **20** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From **8** ..... ft. to **20** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

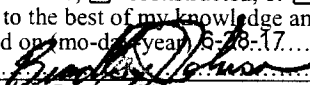
Grout Intervals: From **0** ..... ft. to **.5** ..... ft., From **.5** ..... ft. to **.6** ..... ft., From **6** ..... ft. to **8** ..... ft.

**Nearest source of possible contamination:**

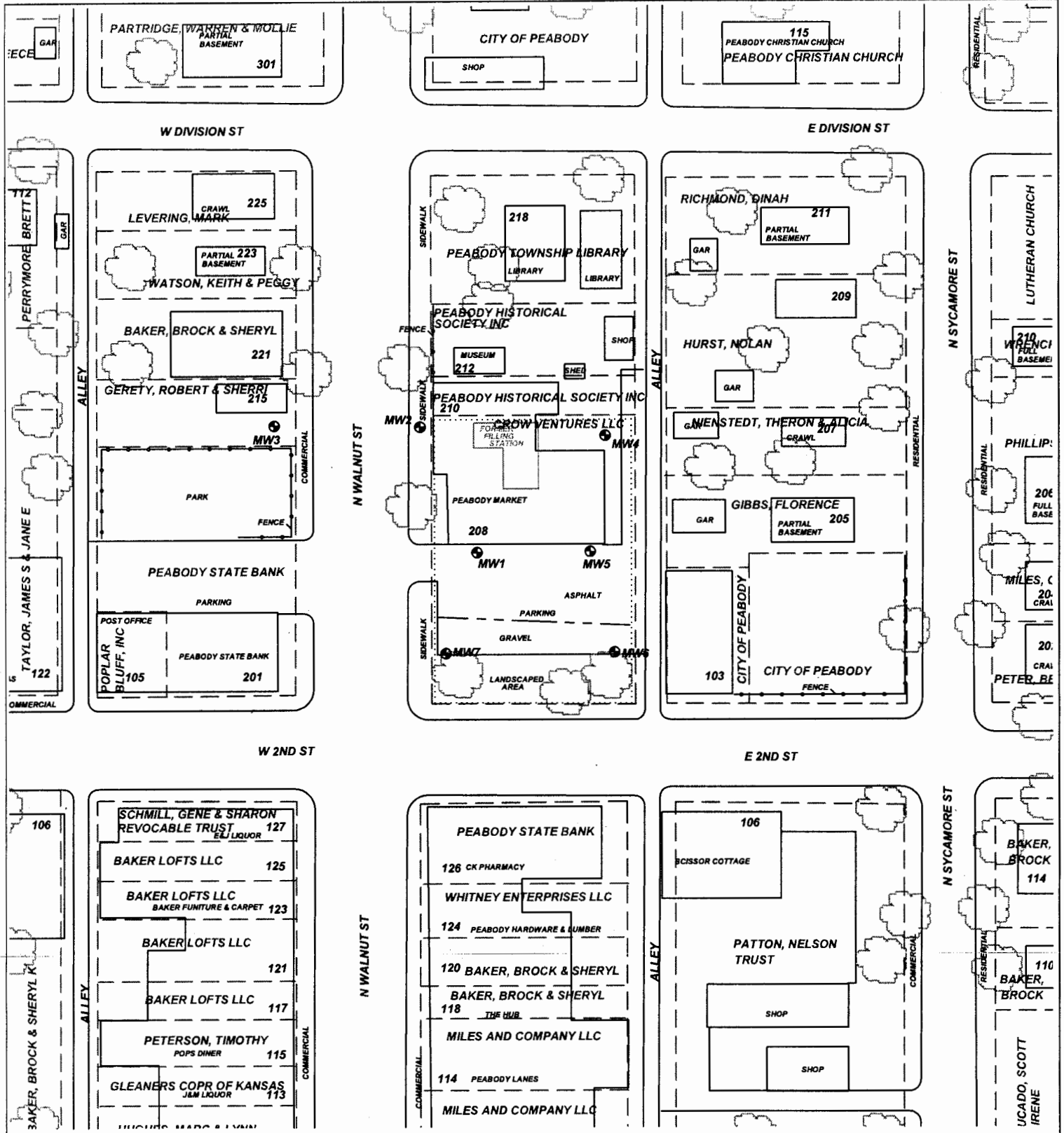
|   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> Septic Tank            | <input type="checkbox"/> Lateral Lines | <input type="checkbox"/> Pit Privy     | <input type="checkbox"/> Livestock Pens     | <input type="checkbox"/> Insecticide Storage  |
| <input type="checkbox"/> Sewer Lines            | <input type="checkbox"/> Cess Pool     | <input type="checkbox"/> Sewage Lagoon | <input 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.

| 10 FROM | TO   | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|------|----------------|------|----|--|
| 0       | .25  | TOPSOIL        |      |    |  |
| .25     | 13   | SILTY CLAY     |      |    |  |
| 13      | 13.5 | GRAVEL         |      |    |  |
| 13.5    | 20   | SILTY CLAY     |      |    |  |
| 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) **6-8-17** ..... 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) **6-16-17** ..... 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: **FORMER FILLING STATION-PEABODY**

ADDRESS: **208 N. WALNUT ST.**

LOCATION: **PEABODY, KS**

DRAWN BY: **B. STALNAKER** DATE: **11/6/16**

REVISED BY: **C. ROE** DATE: **7/5/17**

AEI JOB #: **TM218** KDHE JOB #: **U5-057-14895**

SCALE: **1" = 100'**

NOTES:

TITLE: **FIGURE 2.1  
AREA BASE MAP  
350' RADIUS**

**ASSOCIATED  
ENVIRONMENTAL  
INC.**

LEGEND:

- ..... = SUBJECT PROPERTY
- - - - - = PARCEL BOUNDARY
- ⊙ = MONITOR WELL

