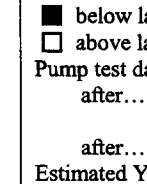
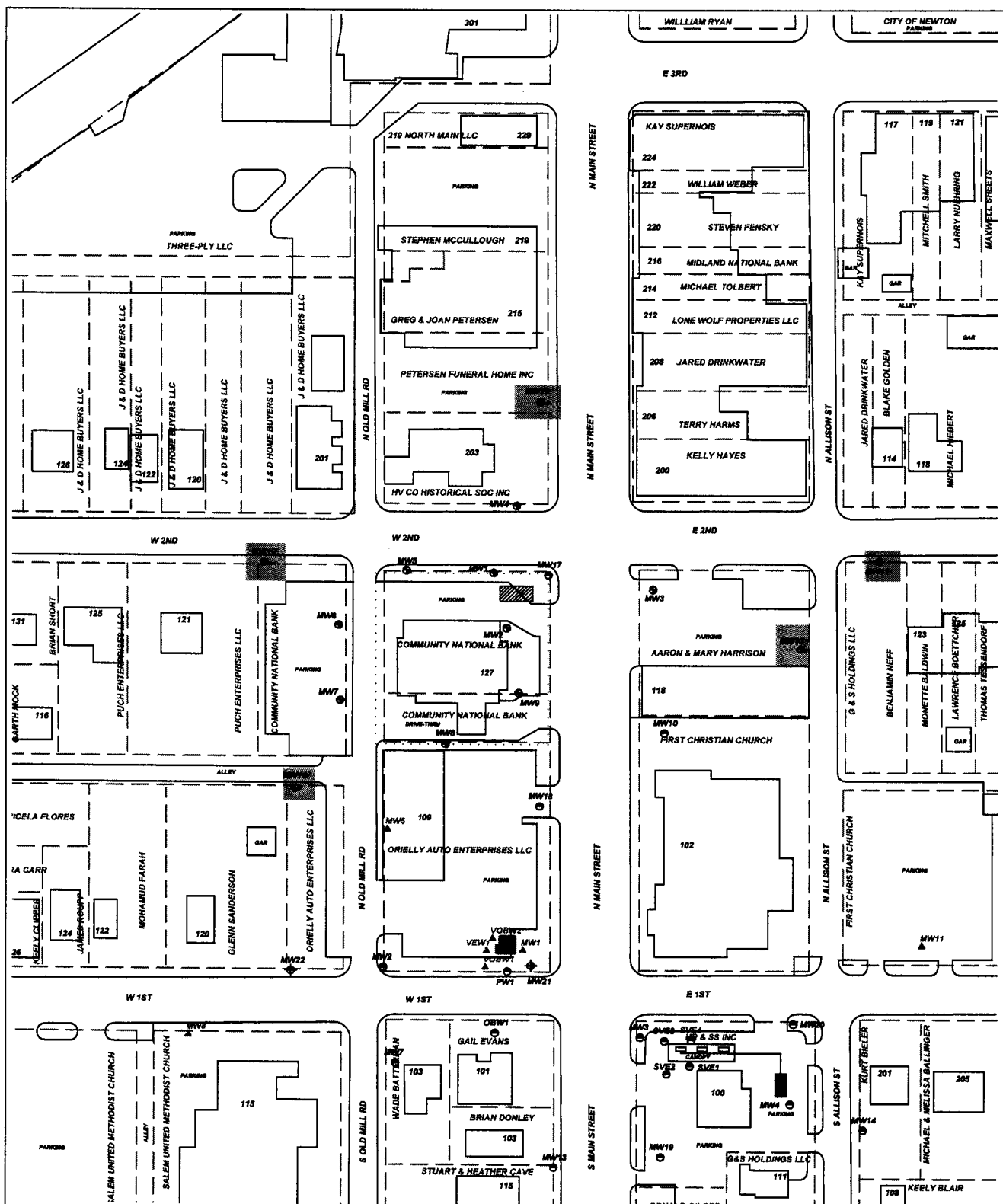


☒ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

MW10

<b>1 LOCATION OF WATER WELL:</b> County: HARVEY		Fraction NE ¼ SE ¼ SE ¼ SW ¼	Section Number 17	Township Number T 23 S	Range Number R 1 E
<b>2 WELL OWNER:</b> Last Name: KDHE Business: KDHE Address: 1000 SW Jackson, Suite 410 City: Topeka State: KS ZIP: 66612-1367		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"/> 115 W. 2ND Newton, KS 67114			
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  S W E 1 mile	<b>4 DEPTH OF COMPLETED WELL:</b> 15 ft. Depth(s) Groundwater Encountered: 1) 7 ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 8.07 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 1-7-21 <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: 8.5 in. to 15 ft. and _____ in. to _____ ft.		<b>5 Latitude:</b> 38.04389 (decimal degrees) <b>Longitude:</b> 97.34422 (decimal degrees) <b>Horizontal Datum:</b> <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <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: _____		
			<b>6 Elevation:</b> 1442.98 ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC <b>Source:</b> <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____		
<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. Irrigation <input type="checkbox"/> 3. Feedlot <input type="checkbox"/> 4. Industrial <input type="checkbox"/> 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 MW10 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: _____ <b>Water well disinfected?</b> <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 _____ <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2 in. to 15 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface _____ 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 5 ft. to 15 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From 4 ft. to 15 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 4 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 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? Southeast Distance from well? 350 ft.					
<b>10 FROM TO LITHOLOGIC LOG</b> 0 0.5 Topsoil 0.5 8 Silty Clay (CL), dark brown, soft 8 15 Shale, green, firm		<b>FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS</b>           <b>Notes:</b>			
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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) 11-13-19 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) 2-2-21 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.					



PROJECT: **FORMER SINCLAIR, NEWTON**

ADDRESS: **127 N. MAIN STREET**

LOCATION: **NEWTON, KS**

DRAWN BY: **B. STALNAKER** DATE: **4/15/19**

REVISED BY: **C. ROE** DATE: **11/15/19**

AEI JOB #: **TM245** KDHE JOB #: **U2-040-15031**

TITLE: **FIGURE 2.2  
AREA BASE MAP  
500' RADIUS**

**ASSOCIATED  
ENVIRONMENTAL  
INC.**

LEGEND:

- = FORMER UST BASIN/EXCAVATION
- = CURRENT UST'S AND PUMP ISLANDS
- = MONITORING WELL
- = PRIME TIME STORE #125(U2-040-00441)
- = PLUGGED/DESTROYED WELL
- = PROPOSED MONITORING WELL
- = SUBJECT PROPERTY
- = PARCEL BOUNDARY

SCALE: **1" = 100'**

NOTES:  
No basements observed within 500'.