

Form WWC-5

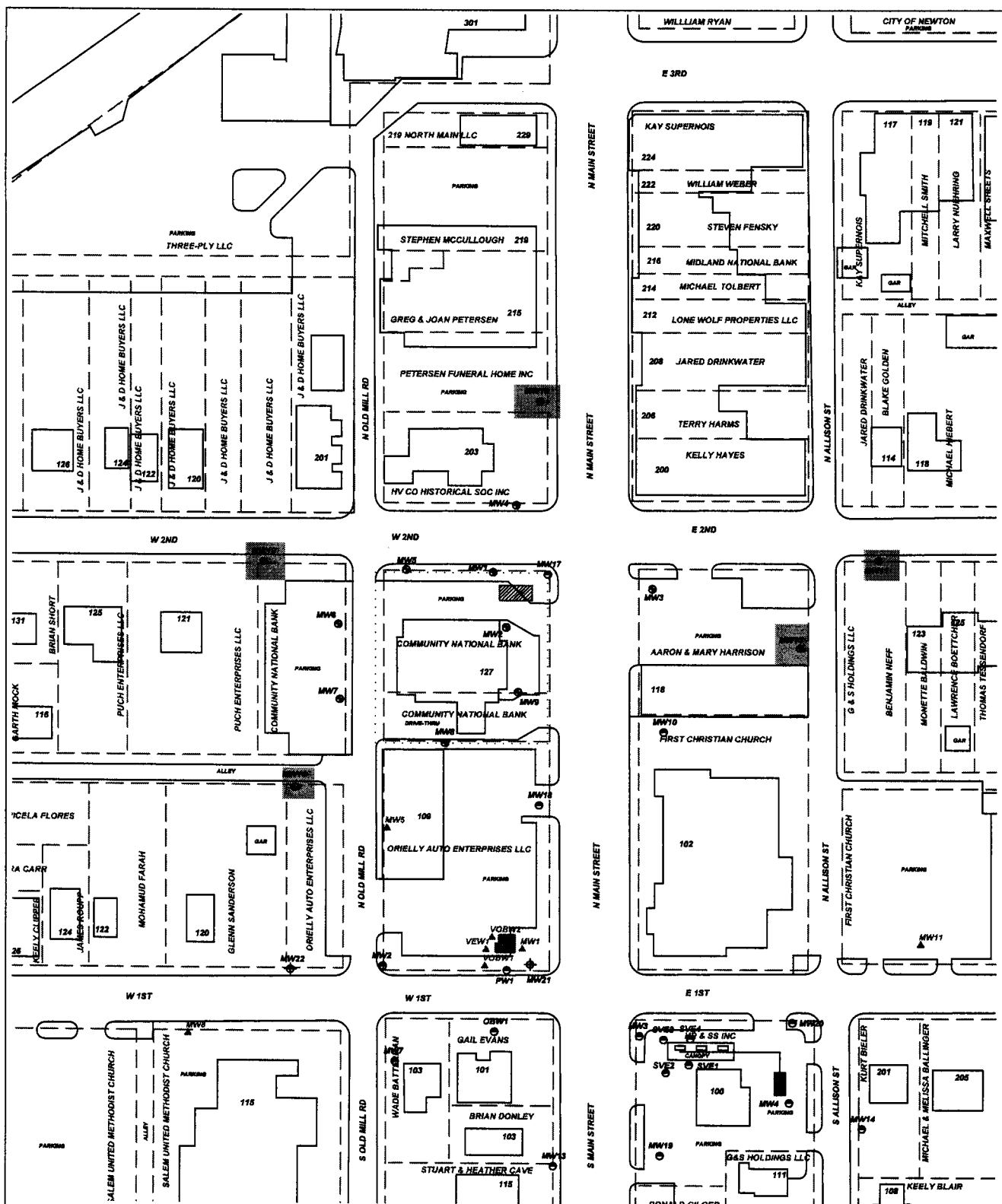
☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

MW12

Well ID

1 LOCATION OF WATER WELL: County: HARVEY		Fraction NW¼ SW¼ SE¼	Section Number 17	Township Number T 23 S	Range Number R 1 E W
2 WELL OWNER: Last Name: 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"/> 215 N. MAIN ST. Newton, KS 67114			
3 LOCATE WELL WITH "X" IN SECTION BOX: N  S W ————— E --- NW --- NE --- --- SW --- SE --- S ----- 1 mile	4 DEPTH OF COMPLETED WELL: 15 ft. Depth(s) Groundwater Encountered: 1) 7 ft. 2) ft. 3) ft., or 4) <input checked="" type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 5.29 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.		5 Latitude: 38.04429 (decimal degrees) Longitude: 97.34527 (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <u>Source for Latitude/Longitude:</u> <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: 1444.49 ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC <u>Source:</u> <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 ID MW12 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 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					
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: From 5 ft. to 15 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 4 ft. to 15 ft., From ft. to ft., From ft. to ft.					
9 GROUT MATERIAL: <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.					
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? Southeast Distance from well? 350 ft.					
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	0.5	Topsoil			
0.5	8	Silty Clay (CL), dark brown, soft			
8	15	Shale, green, firm			
Notes:					
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) 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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015					



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**

AE JOB #: **TM245** KDC 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'.