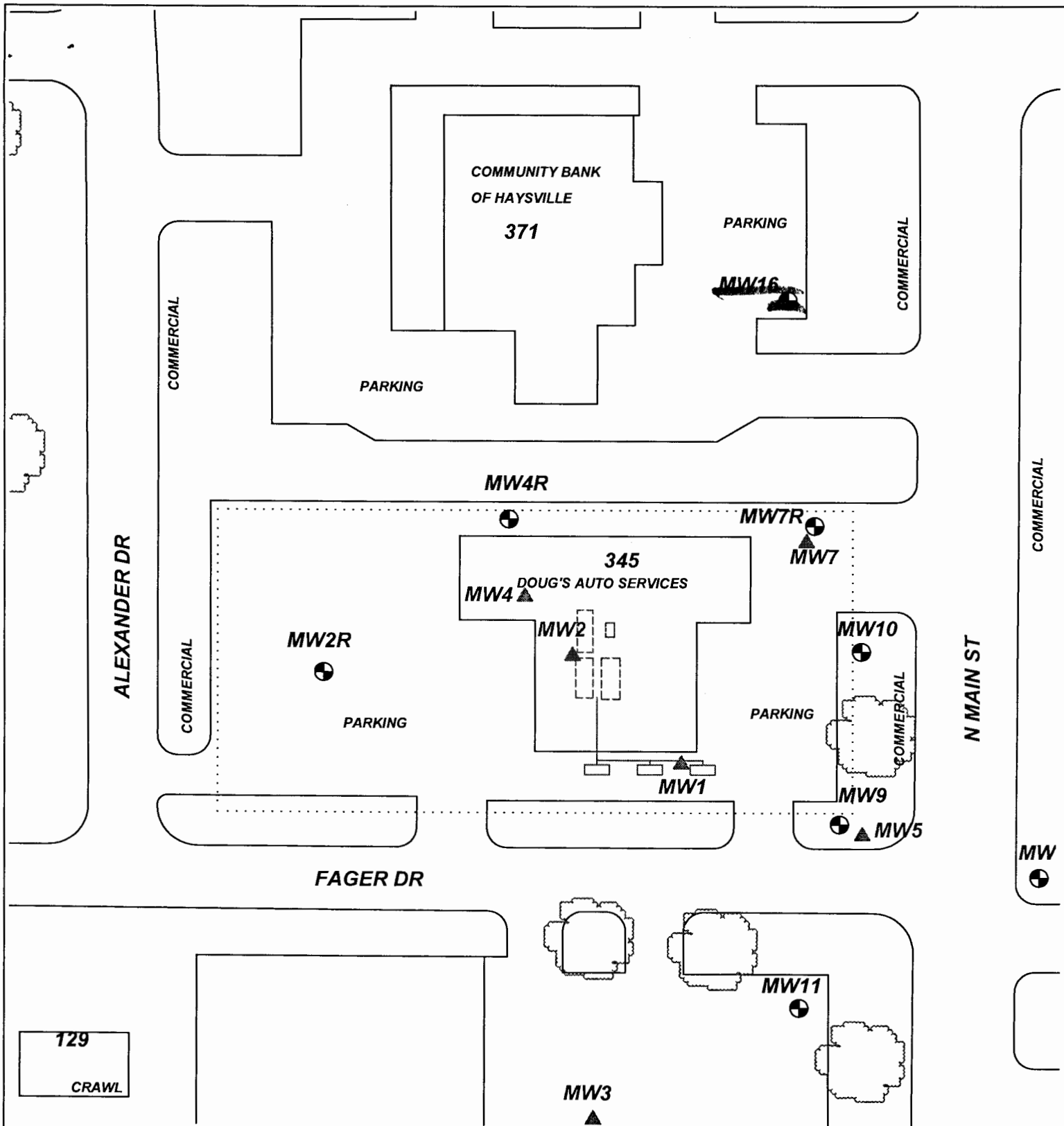





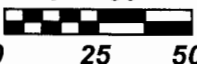


## MW16

Well ID

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number																																																																								
County: Sedgwick		SE ¼ NE ¼ NE ¼ SE ¼	31	T 28 S	R 1 E W																																																																								
<b>2 WELL OWNER:</b> Last Name: Hying First: DOUG		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"/>																																																																											
Business: Address: 345 N. MAIN City: HAYSVILLE State: KS ZIP: 67060		371 N. MAIN, HAYSVILLE, KS 67060																																																																											
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> <div style="text-align:center;">N <table border="1" style="margin:auto; width:100px; height:100px;"><tr><td>-- NW --</td><td>-- NE --</td></tr><tr><td>-- SW --</td><td>X -- SE --</td></tr></table> S  ----- 1 mile ----- </div>	-- NW --	-- NE --	-- SW --	X -- SE --	<b>4 DEPTH OF COMPLETED WELL:</b> 20.05 ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input checked="" type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 18.14 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 3/29/18 <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: ..... in. to ..... ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> 37.56999 .....(decimal degrees) <b>Longitude:</b> 97.35248 .....(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: .....																																																																						
	-- NW --	-- NE --																																																																											
-- SW --	X -- SE --																																																																												
<b>6 Elevation:</b> 1265.74 .....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 <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 MW16 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): .....																																																																													
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date sample was submitted: .....																																																																													
Water well disinfected? <input type="checkbox"/> Yes <input 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 ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. ....																																																																													
<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 ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																																																													
<b>GRAVEL PACK INTERVALS:</b> From ..... ft. to ..... 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 Concrete Surface Completion 0 - 1																																																																													
Grout Intervals: From ..... ft. to ..... 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? ..... Distance from well? ..... ft.																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"><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><tr><td>0</td><td>1</td><td>CONCRET</td><td></td><td></td><td></td></tr><tr><td>1</td><td>8</td><td>SILTY CLAY</td><td></td><td></td><td></td></tr><tr><td>8</td><td>12</td><td>CLAYEY SAND</td><td></td><td></td><td></td></tr><tr><td>12</td><td>20</td><td>SAND</td><td></td><td></td><td></td></tr><tr><td colspan="3"></td><td colspan="3"></td></tr><tr><td colspan="3"></td><td colspan="3"></td></tr><tr><td colspan="3"></td><td colspan="3"></td></tr><tr><td colspan="3"></td><td colspan="3"></td></tr><tr><td colspan="3"></td><td colspan="3"></td></tr><tr><td colspan="3"></td><td colspan="3"></td></tr><tr><td colspan="3"></td><td colspan="3"></td></tr></table>						10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	1	CONCRET				1	8	SILTY CLAY				8	12	CLAYEY SAND				12	20	SAND																																													
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																																																																								
0	1	CONCRET																																																																											
1	8	SILTY CLAY																																																																											
8	12	CLAYEY SAND																																																																											
12	20	SAND																																																																											
<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) 3/27/18 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) 4/19/18 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: <b>DOUG'S AMOCO SERVICE</b>		TITLE:   <b>ASSOCIATED ENVIRONMENTAL INC.</b>	LEGEND:  = FORMER UST BASIN/EXCAVATION  = FORMER PUMP ISLANDS  = MONITOR WELL  = PLUGGED/DESTROYED WELL ..... = SUBJECT PROPERTY
ADDRESS: <b>345 N. MAIN</b>			
LOCATION: <b>HAYSVILLE, KS</b>			
DRAWN BY: <b>B. STALNAKER</b>	DATE: <b>5/16/17</b>		
REVISED BY: <b>C. ROE</b>	DATE: <b>3/27/18</b>		
AEI JOB #: <b>TF504</b> KDHE JOB #: <b>U2-087-00855</b>			
SCALE: <b>1" = 50'</b> 		NOTES:	