	_	VELL RE		in Well Ust				ision of W urces App	,		Well ID	MW8S	
X	 _	al Record	<u> </u>				ACSO		Number	Township Norm			
1	County		WATER WELL:	Fraction 1/4	NE ¼	NW 1/4	NW 1/2		8	Township Num T 29	1	Number 1 X E W	
2			: Last Name:	First:		,			ere well	is located (if unkr			
-	Business: Former American Cleaners from nearest town or intersection): If at owner's address, check here:												
	Address: 412 W Grand Ave. 911 W 79th St., S, Haysville, KS												
	Addres City		sysville State: KS	ZIP:									
3		TE WELL	4 DEPTH OF C	OMPLETED '	WELL:	34		5 Lati	tude:	NA	(de	cimal degrees)	
		"X" IN	Depth(s) Groundwate	r Encountered:	1)	·····	ft		gitude	NA	(de	cimal degrees)	
	SECTION BOX: N 2) ft 3) ft, or 4) Dry Well WELL'S STATIC WATER LEVEL: NA ft. X below land surface, measured on (mo-day-yr) NA Boy Well Horizontal Datum: WGS 84 NAD Source for Latitude/Longitude: GPS (unit make/model: (WAAS enabled? Yes No									83 NAD 27			
)			
)			
Pump test data: Well water was ft X Land Survey 1											r		
w	after hours pumping gr Water well was fit after hours pumping gr							om Online Mapper					
								ppm 6 Elevation NA ft Ground Level X TO					
-	- SW	SE.		d Yield:gpm						X Land Survey GPS Topographic Map			
	1		Bore Hole Diamete	Bore Hole Diameter: 8.25 in to ft,									
'	Bore Hole Diameter: 8.25 in to in to in to						ft						
mile													
7 1 Dc	WELL mestic:	WAILKT	O BE USED AS: 5 Public Water S	upply: well ID			1	Oil	Field Wa	ater Supply: lease			
	House	hold	6 Dewatering: h		?			1 Test Ho					
	Lawn & Garden 7 Aquifer Recharg							Cas	_	Uncased	Geotechnic	al	
	Livestock 8 X Monitoring: well II									many bores?		,	
2	Irrigati Feedlo		9 Environmental Ren Air Sparge		id por Extrac	stion	a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water						
3	Indust		Recovery	Injection	-	Aloi			er (speci	£.\.	scharge	_	
						1							
Was a chemical/bacteriological sample submitted to KDHE? Yes X No If yes, date sample was submitted:													
Water well disinfected? Yes X No													
8 TYPE OF CASING USED: Steel X PVC Other CASING JOINTS: Glued Clampled Welded X Threaded Casing diameter 2 in. to 24 ft, Diameter in. to ft, Diameter in. to ft,													
Casin	Casing height above land surface NA in. Weight lbs./ft. Well thickness or gauge No												
TYP	TYPE OF SCREEN OR PERFORATION MATERIAL:												
<u> </u> _	Steel Stainless Steel Fiberglass X PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole)												
SCP	Brass		anized Steel Concrete til ATION OPENINGS ARE:	eNone	e usea (op	en noie)							
J SCK		uous Slot		ze Wrapped	Пто	rch Cut	Drille	ed Holes	Г	Other (Specify	١		
	•	ed Shutter		e Wrapped	=	w Cut		Open Ho	ole)	_ omer (opecity_	,		
SCRE				ft. to3	34ft,	From	— ft.			, From	ft. to	ft,	
			INTERVALS: From 22		34 ft,	From	ft.	to	ft.	, From	ft. to	ft,	
9 GI	ROUT	MATERIAI		Cement grout	X Bei	ntonite	X Other		: 0-0.5				
Grout	interva	ls: From	0.5 ft. to 22 ft,	From	ft. to		ft, Fron	m	ft. to	ft,			
Neare		-	ole contamination:										
_	Septic		Lateral Lines	=	Privy		=	stock Pens		Insecticide	C		
-	Sewer		Cess Pool Seepage Pit		age Lagoo dyard	nı		Storage lizer Storag	re.	Oil Well /	l Water Well		
-		ight Sewer L Specity)		reed	ayaru		rerm	izei storaț	50	L Oil Well /	Jas WEII		
Directi	on from			Dista	ance from	well?				ft			
	ROM	ТО	LITHOLO	GIC LOG			FROM	TC)	LITHO. LOG (cor	nt.) or PLUGGIN	G INTERVALS	
)	0.3	Topsoil										
	.3	6 9	Clayey silt Silty clay										
	9	12	Coarse sand										
	2	34	Fine-coarse sand w/ silt										
						1/2	DUE ID: C	22 097 72	904				
KDHE ID: C2-087-72896 Target of monitoring well is shallow groundwater, <20' of grout v									was installed at				
							direction	-					
11	CONT	RACTOR'S	OR LANDOWNER'S CERTIF					onstructed.	re	constructed, or	plugged	under my	
jurisdiction and was completed on (mo-day-year) 10/10/17 and this record is true to the best of my knowledge and belief. Kansas Water Well-Contractor's													
License No 757 This Water Well Record was completed on (mo-day-year) 10/23/17 under the business name of Larsen & Associates. 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 WTS 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											7/10/2015	

Sedgwick Co T.29 R.1E Sec 5, 8, 9

Former American Cleaners Site - MW-6 through MW-14 Locations

