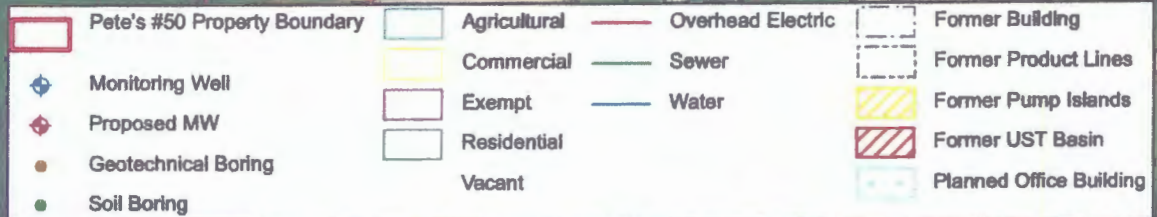


MW-8

☐ Original Record ☐ Correction ☐ Change in Well Use



Well ID

1 LOCATION OF WATER WELL: County: <u>Wilson</u>		Fraction NE ¼ NE ¼ SE ¼ NE ¼		Section Number 11		Township Number T 29 S		Range Number R 14 E W																																																			
2 WELL OWNER: Last Name: _____ Business: <u>Centurian Industries</u> Address: <u>PO Box 531</u> City: <u>Fredonia</u> State: <u>KS</u> ZIP: <u>66736</u>			First: _____ 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"/> <u>933 N. 2nd St., Fredonia, KS.</u>																																																								
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="width:100px; height:100px; text-align: center; margin: 10px auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>-- NW --</td><td>-- NE --</td><td> </td></tr> <tr><td>W</td><td></td><td>E</td></tr> <tr><td>-- SW --</td><td>-- SE --</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td colspan="3">S</td></tr> </table> 1 mile						-- NW --	-- NE --		W		E	-- SW --	-- SE --					S			4 DEPTH OF COMPLETED WELL: 20 ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 11.50 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 8-27-20. <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: 8.75 in. to 20 ft. and in. to ft.			5 Latitude: <u>37.540277</u> (decimal degrees) Longitude: <u>-98.833333</u> (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Online Mapper: <u>Google Earth</u>																																			
-- NW --	-- NE --																																																										
W		E																																																									
-- SW --	-- SE --																																																										
S																																																											
7 WELL WATER TO BE USED AS: 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial 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 <u>MW-8</u> 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):			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 10 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 0 in. Weight lbs./ft. Wall thickness or gauge No. <u>sch 40</u> 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 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: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>Cement Pack</u> Grout Intervals: From 0 ft. to 1 ft., From 1 ft. to 8 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 checked="" type="checkbox"/> Other (Specify) <u>Contaminated Site</u> Direction from well? Distance from well? ft.			10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>0</td><td>9</td><td>Silty Clay, brown</td><td></td><td></td><td></td></tr> <tr><td>9</td><td>12</td><td>Clay, light brown, very moist to wet, plastic</td><td></td><td></td><td></td></tr> <tr><td>12</td><td>19</td><td>Clay, tan, moist, plastic</td><td></td><td></td><td></td></tr> <tr><td>19</td><td>20</td><td>Weathered Shale</td><td></td><td></td><td></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Notes: <u>Returned for Core 11/2/20</u>			0	9	Silty Clay, brown				9	12	Clay, light brown, very moist to wet, plastic				12	19	Clay, tan, moist, plastic				19	20	Weathered Shale																																	
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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) <u>8-26-2020</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>604</u> This Water Well Record was completed on (mo-day-year) <u>10/8/2020</u> under the business name of <u>Environmental Priority Service, Inc.</u> Signature <u>[Signature]</u> 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																																																											



Notes:
 1) Groundwater flow direction unknown, but inferred towards the southwest based on topography and regional drainage
 2) All known utilities visible during the site visit are shown. Figures will be updated following the public and private utility locates conducted during the LSA.



DESIGNED BY: CP		Site Map Pete's #50		Figure 2	Limited Site Assessment Work Plan
DRAWN BY: CP			933 North 2nd Street Fredonia, Kansas U3-103-15140		
CHECKED BY: JM					
APPROVED BY: CC					
DATE: AUGUST 2020					