

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

MW-1

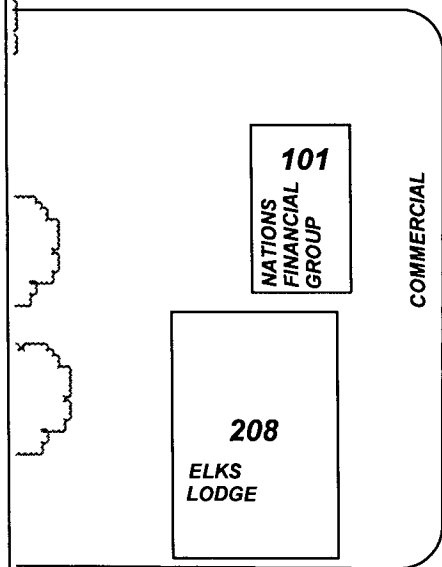
| 1 LOCATION OF WATER WELL: County: <u>Brown</u> | Fraction <u>NW 1/4 NW 1/4 NW 1/4</u> | Section Number <u>28</u> | Township Number <u>T 2 S</u> | Range Number <u>17</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------------------------|--|--------------------|----|--------------------|------|----|--------------------|---|-----|----------|--|--|--|-----|---|---------------------|--|--|--|---|-------|--------------------------|--|--|--------------|-------|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> <u>205 N. 1st Street</u> <u>Hiawatha, KS 66434</u> | | Global Positioning Systems (GPS) information: Latitude: <u>39.8544</u> (in decimal degrees) Longitude: <u>95.5269</u> (in decimal degrees) Elevation: <u>1110.30</u> TOC Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input checked="" type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 WATER WELL OWNER: <u>NEK Subway, Inc.</u> RR#, St. Address, Box #: <u>205 N. 1st</u> City, State ZIP Code: <u>Hiawatha, KS 66434</u> | | GPS unit (Make/Model: _____) <input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div> | 4 DEPTH OF WELL <u>19.48</u> ft. WELL'S STATIC WATER LEVEL <u>4.36</u> ft WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div> <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning </div> <div> <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC </div> <div> <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS </div> <div> <input type="checkbox"/> Wrought <input type="checkbox"/> Asbestos-Cement </div> <div> <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile </div> <div> <input type="checkbox"/> Other (Specify below) _____ </div> </div> Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>3</u> ft Casing height above or below land surface <u>36</u> in. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <u>3</u> ft. to <u>19.48</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Septic tank <input checked="" type="checkbox"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool </div> <div> <input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens </div> <div> <input type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well </div> <div> <input type="checkbox"/> Other (specify below) _____ Direction from well? <u>100</u> ft How many feet? <u>E/SE</u> </div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.5</td> <td>Concrete</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.5</td> <td>3</td> <td>Compacted silt/clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>19.48</td> <td>Hydrated Bentonite chips</td> <td></td> <td></td> <td>U4-007-10522</td> </tr> <tr> <td>19.48</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> </tbody> </table> | | | | | FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS | 0 | 0.5 | Concrete | | | | 0.5 | 3 | Compacted silt/clay | | | | 3 | 19.48 | Hydrated Bentonite chips | | | U4-007-10522 | 19.48 | | TD | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0.5 | Concrete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.5 | 3 | Compacted silt/clay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9-24-18</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>585</u> . This Water Well Record was completed on (mo/day/year) <u>10-1-18</u> under the business name of <u>Associated Environmental, Inc.</u> by (signature) <u>[Signature]</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

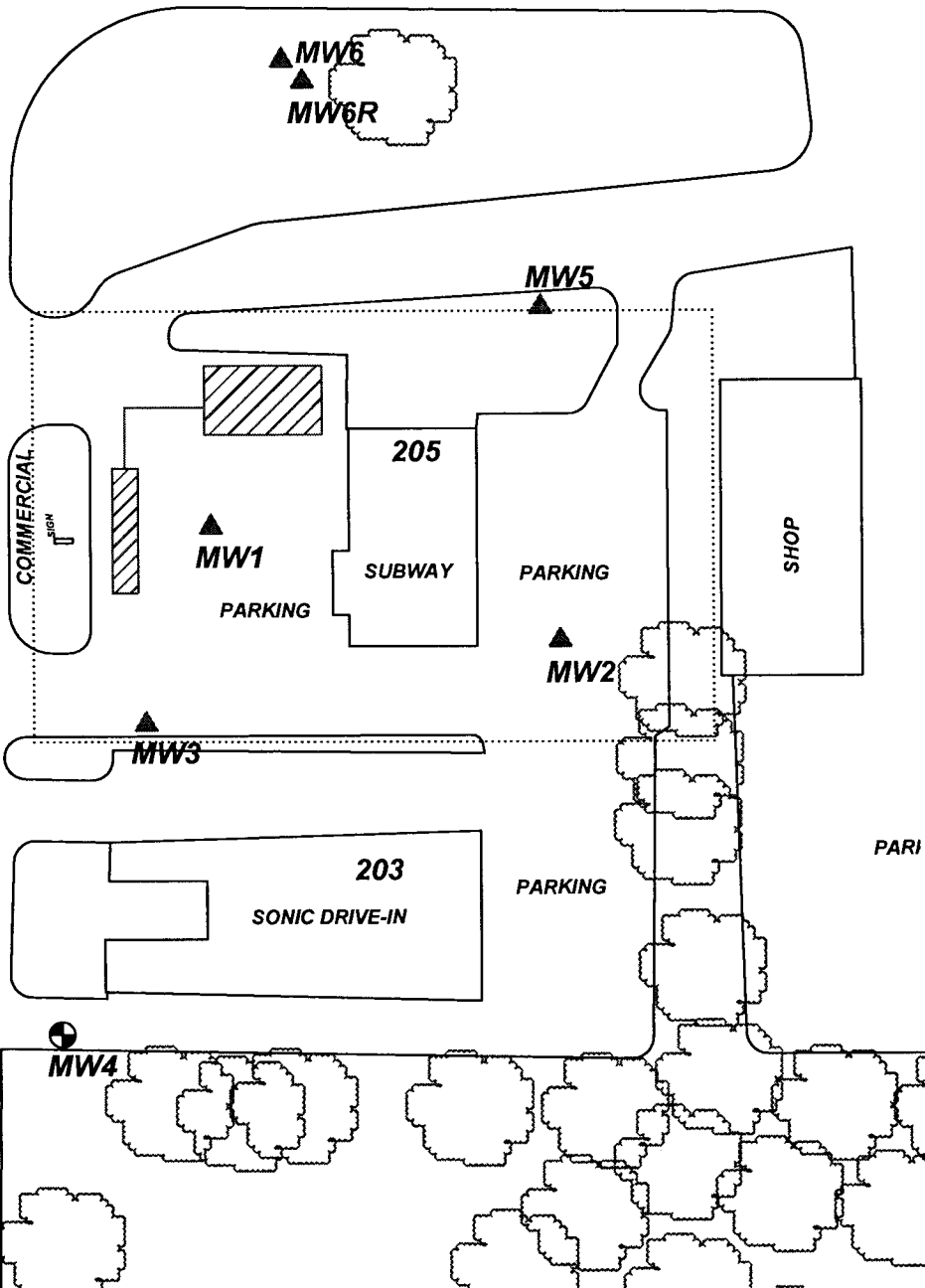
KSA82a-1212

Revised 1/20/2015

NEE ST



N 1ST ST



PROJECT: HIAWATHA STOP 2 SHOP

ADDRESS: 205 N. 1ST ST.

LOCATION: HIAWATHA, KS

DRAWN BY: C. ROE DATE: 2/23/18

REVISED BY: S. JOHNSON DATE: 7/20/18

AEI JOB #: TF231 KDHE JOB #: U4-007-10522

SCALE: 1" = 50'
0 25 50

NOTES:

TITLE: FIGURE 2.3
AREA BASE MAP
CLOSE-UP



ASSOCIATED
ENVIRONMENTAL
INC.

LEGEND:

- = FORMER UST BASIN/
PRODUCT LINES/DISPENSERS
- = MONITORING WELL
- = PLUGGED/DESTROYED WELL

..... = SUBJECT PROPERTY

