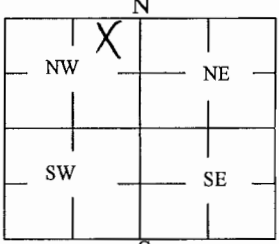


1 LOCATION OF WATER WELL: County: McPherson	Fraction ¼ ¼ NE ¼ NW ¼	Section Number 22	Township Number T 18 S	Range Number 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 1500 Pueblo Road McPherson, Kansas 67460	Global Positioning Systems (GPS) information: Latitude: <u>38.476308</u> (in decimal degrees) Longitude: <u>-97.641961</u> (in decimal degrees) Elevation: <u>1574.69</u> Horizontal Datum: <input checked="" type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____ GPS unit (Make/Model): _____ <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input checked="" type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
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2 WATER WELL OWNER: USACE - CENWK (KS City) RR#, St. Address, Box #: 601 E 12th Street - Room 460 City, State ZIP Code: Kansas City, Missouri 64106	
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>63.3</u> ft. WELL'S STATIC WATER LEVEL <u>33</u> ft. WELL WAS USED AS: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn & Garden)</td> <td><input checked="" type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input checked="" type="checkbox"/> Injection Well	<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering											
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<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input checked="" type="checkbox"/> Injection Well											
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____											

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specify below) _____
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter 4 in. Was casing pulled? Yes No If yes, how much About 3 feet
 Casing height above or below land surface -0.5 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 2 ft. to 63.3 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	2	Top soil			
2	63.3	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12.3.17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 597. This Water Well Record was completed on (mo/day/year) 12.3.17 under the business name of Los Alamos Technical Associates, Inc. Cascade by (signature) Paul Wolf, CPG

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.