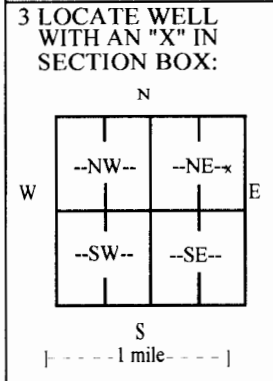


1 LOCATION OF WATER WELL: County: McPherson	Fraction 1/4 NE 1/4 SE 1/4 NE 1/4	Section Number 29	Township No. T 19 S	Range Number R 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Located at 423 N. Maple in McPherson.		Global Positioning System (GPS) information: Latitude: 38.37288 (in decimal degrees) Longitude: -97.66858 (in decimal degrees) Elevation: 1501.21 Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> 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		

2 WATER WELL OWNER: **Robert Hill**
 RR#, Street Address, Box #: **731 E. Euclid St.**
 City, State, ZIP Code : **McPherson, KS 67460**



4 DEPTH OF COMPLETED WELL **110** ft.
 Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm
 EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8** in. to **114** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted _____
 Water well disinfected? Yes No

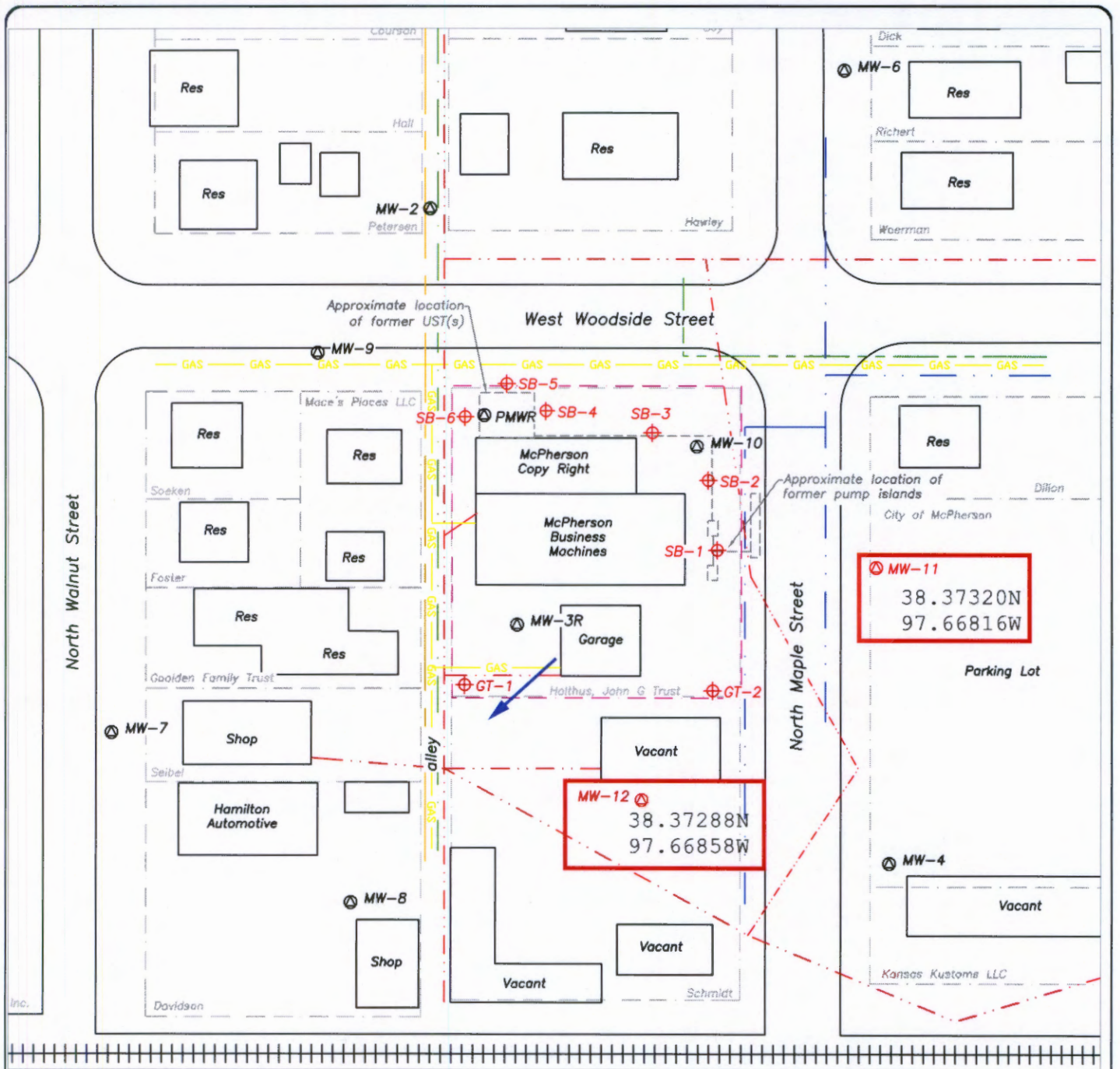
5 TYPE OF CASING USED: Steel PVC Other _____ **Flush Mount Construction**
 CASING JOINTS: Glued Clamped Welded Threaded Other (Specify) _____
 Casing diameter **4** in. to **80** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface **0** in., Weight **2.07** lbs./ft., Wall thickness or gauge No. **.237**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify) _____
 Brass Galvanized Steel None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **80** ft. to **110** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **75** ft. to **114** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Intervals: From **0** ft. to **2** ft., From **2** ft. to **75** ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well **None Known**
 Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Topsoil			
2	37	Clay, brown			
37	45	Clay, gray, soft and brown			
45	80	Clay, brown & gray			
80	114	Sand, coarse to fine, with clay, green streaks, with fine gravel			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **10/23/15** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **185** This Water Well Record was completed on (mo/day/year) **10/30/15**
 under the business name of **Clarke Well & Equipment, Inc.** by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.



LEGEND:

- ⊕ PROPOSED SOIL BORING
- ⊙ PROPOSED MONITORING WELL
- ⊗ EXISTING MONITORING WELL
- - - SUBJECT SITE BOUNDARY
- PROPERTY LINE/OWNERS
- - - FORMER UST BASIN/PUMP ISLANDS
- - - OVERHEAD ELECTRIC/TELEPHONE LINE
- GAS LINE (APPROX. 1.5-3')
- - - SANITARY SEWER LINE (APPROX. 2-6')
- - - STORM SEWER LINE (APPROX. 2 TO 6')
- TELEPHONE LINE (APPROX. 1.5 TO 3')
- WATER LINE (APPROX. 2-6')
- ← GROUNDWATER FLOW DIRECTION

NOTES:

1. THE LOCATION OF THE FORMER UST BASIN, PUMP ISLANDS, AND PRODUCT LINES ARE ESTIMATED, BASED ON CURSORY AERIAL PHOTOGRAPH REVIEW, AND PRIOR MAPS PROVIDED BY KDHE.

2. UTILITY LOCATIONS AND DEPTHS ARE APPROXIMATE, BASED ON LIMITED SITE OBSERVATIONS AND PRIOR MAPS PROVIDED BY KDHE.



SCS AQUATERRA

7311 West 130th Street, Suite 100
Overland Park, Kansas 66213

FIGURE 1 - SITE MAP
ABANDONED GAS STATION
(U5-059-00266)
423 NORTH MAPLE
MCPHERSON, KANSAS

Project Mgr.	SLM	Drawn By	LAM	Designed By	LAM	Project No.	27215151.00
Scale	AS SHOWN	Date	8/11/2015	File Name	27215151.00_Base.dwg	Drawing No.	1