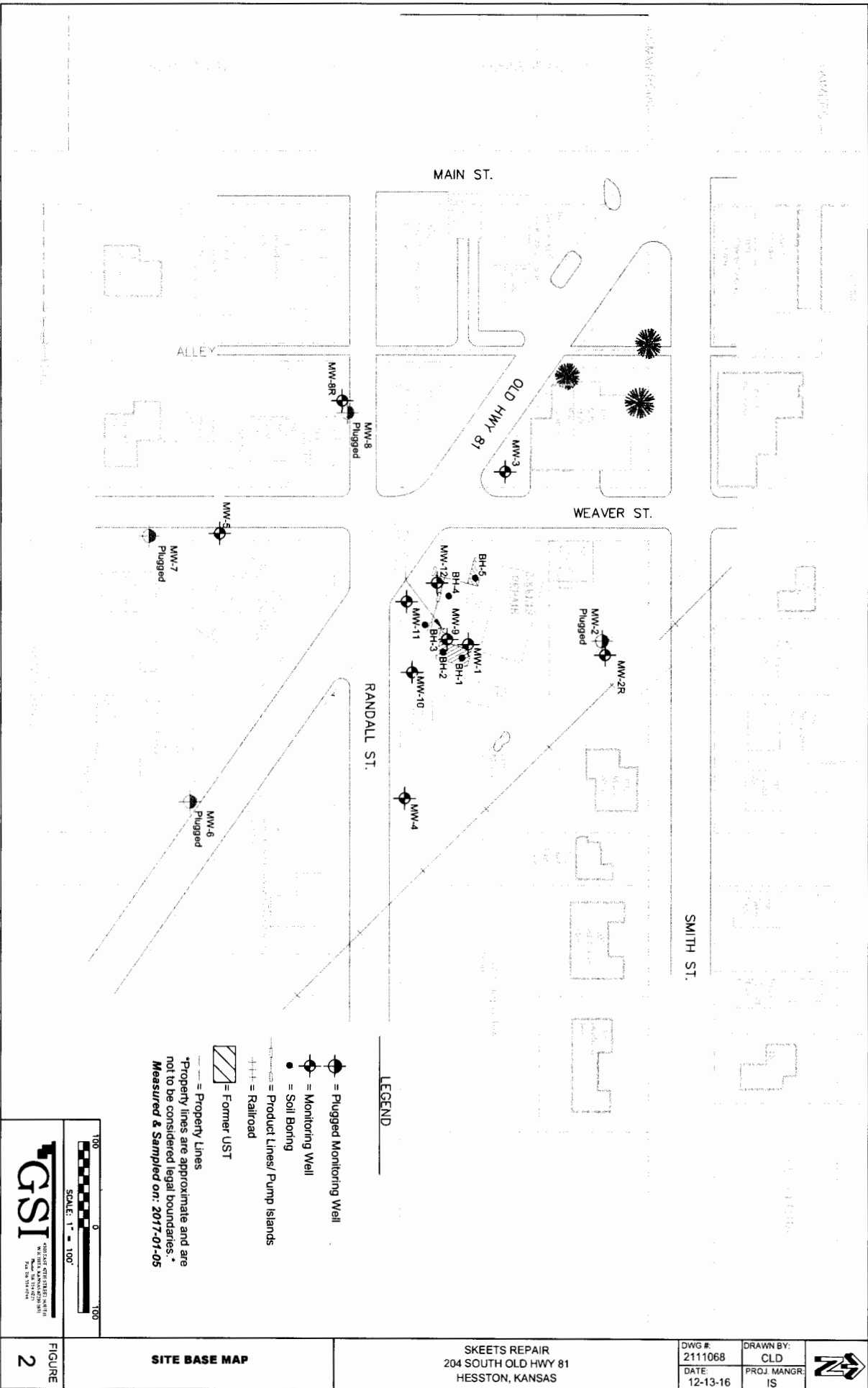


1330317

MW-9

Well ID

1 LOCATION OF WATER WELL: County: <u>Harvey</u>		Fraction <u>SE ¼ SW ¼ SE ¼ NE ¼</u>	Section Number <u>16</u>	Township Number <u>T 22 S</u>	Range Number <u>R 1</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W											
2 WELL OWNER: Last Name: _____ First: _____ Business: <u>Skeets Repair, Inc.</u> Address: <u>P.O. Box 842</u> Address: _____ City: <u>Hesston</u> State: <u>KS</u> ZIP: <u>67062</u>		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 type="checkbox"/> <u>204 S. Old Highway 81, Hesston</u>														
3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">-- NW --</td><td style="text-align: center;">-- NE --</td><td style="text-align: center;">-- E --</td></tr> <tr><td style="text-align: center;">-- W --</td><td style="text-align: center;">X</td><td style="text-align: center;">-- E --</td></tr> <tr><td style="text-align: center;">-- SW --</td><td style="text-align: center;">-- SE --</td><td style="text-align: center;">-- S --</td></tr> </table> </div> <div style="text-align: center;"> -----1 mile----- </div>				-- NW --	-- NE --	-- E --	-- W --	X	-- E --	-- SW --	-- SE --	-- S --	4 DEPTH OF COMPLETED WELL: <u>29</u> ft. Depth(s) Groundwater Encountered: 1) <u>26</u> ft. 2) <u>13.5</u> ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>14.40</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>01/06/2017</u> <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: <u>8.25</u> in. to <u>31</u> ft. and _____ in. to _____ ft.		5 Latitude: <u>38.13772</u> (decimal degrees) Longitude: <u>97.42966</u> (decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input checked="" 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 checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: _____	
-- NW --	-- NE --	-- E --														
-- W --	X	-- E --														
-- SW --	-- SE --	-- S --														
6 Elevation: <u>1476.38</u> ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____																
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-9</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 <u>2</u> in. to <u>19</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>0</u> in. Weight _____ lbs./ft. Wall thickness or gauge No. <u>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 <u>19</u> ft. to <u>29</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>16</u> ft. to <u>31</u> 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 type="checkbox"/> Other _____ Grout Intervals: From <u>1</u> ft. to <u>16</u> ft., From _____ ft. to _____ 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 type="checkbox"/> Other (Specify) _____ Direction from well? <u>South</u> Distance from well? <u>10</u> ft.																
10 FROM		TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS										
0		0.4	Asphalt													
0.4		3	Silty Ln Clay, dk brn, some snd													
3		6	Fat Clay, gry, some snd													
6		25	Ln Clay, gry, sand blw 18'													
25		31	Clayey Snd, gry													
				Notes:												
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>01/03/2017</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo-day-year) <u>01/26/2017</u> under the business name of <u>GSI Engineering, LLC</u>																
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212																



SITE BASE MAP

FIGURE
2

SKEETS REPAIR
 204 SOUTH OLD HWY 81
 HESSTON, KANSAS

DWG #: 2111068	DRAWN BY: CLD
DATE: 12-13-16	PROJ. MANGR: IS

