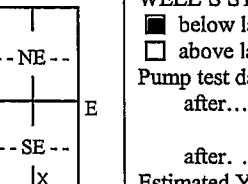


☒ Original Record ☐ Correction ☐ Change in Well Use

Well ID

MW8

1 LOCATION OF WATER WELL: County: SMITH		Fraction SW ¼ SW ¼ SE ¼ SE ¼	Section Number 15	Township Number T 03 S	Range Number R 13 E W
2 WELL OWNER: Last Name: Business: KDHE Address: 1000 SW JACKSON ST City: TOPEKA State: KS ZIP: 66612		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"/> 505 E. HWY 36, SMITH CENTER, KS			
3 LOCATE WELL WITH "X" IN SECTION BOX: N  S W E 1 mile	4 DEPTH OF COMPLETED WELL: 30 ft. Depth(s) Groundwater Encountered: 1) 16 ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 21.30 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr)..... 10/5/21 <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: 8.5 in. to 30 ft. and in. to ft.		5 Latitude: 39.78506 (decimal degrees) Longitude: 98.78055 (decimal degrees) <u>Horizontal Datum:</u> <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <u>Source for Latitude/Longitude:</u> <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:		
	6 Elevation: 1818.50 ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC <u>Source:</u> <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. Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial 3. Public Water Supply: well ID 4. Dewatering: how many wells? 5. Aquifer Recharge: well ID 6. Monitoring: well ID MW8 7. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 8. Oil Field Water Supply: lease 9. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 10. 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 11. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date sample was submitted: Water well disinfected? <input type="checkbox"/> Yes <input 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 30 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. Sch 40 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 15 ft. to 30 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 13 ft. to 30 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"/> CONCRETE 0-1 Grout Intervals: From 1 ft. to 13 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 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) No active USTs, fertilizer storage, or other possible contamination sources known w/in 500' Direction from well? Distance from well? ft.					
10 FROM TO LITHOLOGIC LOG 0 1 TOPSOIL 1 30 Silty Clay (CL)		FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS Notes: U6-092-15171			
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) 9/7/21 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo-day-year) 10/1/21 under the business name of ASSOCIATED ENVIRONMENTAL, INC. Signature _____ 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					

SMITH CENTER
NO 1 LLC

INDUSTRIAL

NORTH CENTRAL KANSAS
GRAIN LLC

FORMER
STORAGE

Soils spread
during LSA

FORMER
GAR

MW5

FORMER
BLDG

MW10

MW4

MW1

MW6

MW11

PARKING

CRAWL
SPACE

410

MW3

MW2

Soils spread
during LSA
Addendum #1

US HWY 36

MW8

MW9

COMMERCIAL

PARKING

NDY

PARKING

MW7

N JEFF

WAREHOUSE

505

CHARLES & ROE
BECKMAN

CREEKSIDE
LIQUOR

515

CREEKSIDE LIQUOR

PROJECT: TRINITY AG, LLC

ADDRESS: 616 E. HWY 36

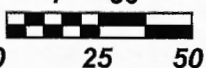
LOCATION: SMITH CENTER, KS

DRAWN BY: C. ROE DATE: 4/15/20

REVISED BY: C. ROE DATE: 9/10/21

AEI JOB #: TM251 KOHE JOB #: U6-092-15171

SCALE: 1" = 50'



NOTES:

TITLE:

FIGURE 2.3
AREA BASE MAP
CLOSE-UP



ASSOCIATED
ENVIRONMENTAL
INC.

LEGEND:

= FORMER USTS AND PUMP ISLAND

= MONITORING WELL

= SUBJECT PROPERTY

= PARCEL BOUNDARY



RECEIVED

NOV 29 2021

BUREAU OF WATER