KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

SALT SOLUTION MINING WELL
(CLASS III) SONAR SURVEY TEST PLAN

To: Kansas Department of Health and Environment (KDHE) Bureau of Water – Geology 1000 SW Jackson Street, Suite 420 Topeka, Kansas 66612-1367	For: Facility: _____ Location: _____

The sonar survey will be conducted on the following described Class III injection wells and the results and interpretation submitted in accordance with the KDHE procedure document titled: "Procedure for Conducting a Sonar Survey on a Salt Solution Mining Well (Class III Well) – Procedure #UICIII-5 found at http://kdheks.gov/uic/download/UICIII-5.pdf.

Well Data: BGL = Below Ground Level

Well ID #/KDHE Permit #	Salt Top Feet BGL	Approximate Cavern Top Feet BGL	Casing Seat Feet BGL

The sonar(s) is scheduled to be conducted on: _____ (date)

The sonar contractor is: _____.

It is acknowledged the following conditions will be met: _____ Yes

1. The sonar must be conducted with the tubing removed from the cavern.
2. The sonar must be conducted in a brine filled cavern.

If the sonar will not pass through the well and/or cavern, KDHE shall be notified and a plan of action and schedule to obtain the required sonar shall be submitted to KDHE for review and consideration of approval.

_____	_____	_____	_____
Signature	Title	Company	Date

Facility contact information for this sonar plan:

_____	_____
E-mail	Telephone Number

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c/uic forms/Class III Sonar Survey Test Plan
4/18/2011