

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

MW7

<b>1 LOCATION OF WATER WELL:</b> County: Wyandotte		Fraction NE ¼ NE ¼ NW ¼ NW ¼		Section Number 9		Township Number T 11 S		Range Number 24 <input checked="" type="checkbox"/> E <input 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"/>  7667 State Ave, Kansas City				<b>Global Positioning Systems (GPS) information:</b>																																																											
				Latitude: NA (in decimal degrees) Longitude: NA (in decimal degrees) Elevation: NA Horizontal Datum <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																																											
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box #: City, State ZIP Code:				Total Petroleum Inc. 5590 Havana St Denver, CO 80239																																																											
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center; margin-top: 10px;"><table border="1" style="margin: auto; border-collapse: collapse;"><tr><td colspan="2"></td><td colspan="2" style="text-align: center;">N</td><td colspan="2"></td></tr><tr><td style="text-align: center;">X</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td style="text-align: center;">NW</td><td></td><td></td><td></td><td style="text-align: center;">NE</td><td></td></tr><tr><td style="text-align: center;">W</td><td></td><td></td><td></td><td></td><td style="text-align: center;">E</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td style="text-align: center;">SW</td><td></td><td></td><td></td><td style="text-align: center;">SE</td><td></td></tr><tr><td colspan="2"></td><td colspan="2" style="text-align: center;">S</td><td colspan="2"></td></tr></table></div>						N				X						NW				NE		W					E							SW				SE				S				<b>4 DEPTH OF WELL</b> <u>37.7</u> ft. MW7  WELL'S STATIC WATER LEVEL <u>NA</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 checked="" type="checkbox"/> Monitoring</td></tr><tr><td><input type="checkbox"/> Feedlot</td><td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td><td><input 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 checked="" type="checkbox"/> Monitoring	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well	<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____
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<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>Asphalt: 0-0.5'; Soil: 0.5-3'</u>  Grout Plug Intervals: From <u>3</u> ft to <u>37.7</u> ft, From _____ ft to _____ ft, From _____ ft to _____ ft,  What is the nearest source of possible contamination: <table style="width:100%;"><tr><td><input type="checkbox"/> Septic tank</td><td><input type="checkbox"/> Seepage pit</td><td><input type="checkbox"/> Fuel storage</td><td rowspan="5"><input type="checkbox"/> Other (specify below) _____</td></tr><tr><td><input type="checkbox"/> Sewer lines</td><td><input type="checkbox"/> Pit privy</td><td><input type="checkbox"/> Fertilizer storage</td></tr><tr><td><input type="checkbox"/> Watertight sewer lines</td><td><input type="checkbox"/> Sewage lagoon</td><td><input type="checkbox"/> Insecticide storage</td></tr><tr><td><input type="checkbox"/> Lateral lines</td><td><input type="checkbox"/> Feed yard</td><td><input type="checkbox"/> Abandoned water well</td></tr><tr><td><input type="checkbox"/> Cess pool</td><td><input type="checkbox"/> Livestock pens</td><td><input type="checkbox"/> Oil well/Gas well</td></tr></table> Direction from well? _____ How many feet? _____										<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"/> Feed yard	<input type="checkbox"/> Abandoned water well	<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well																																						
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10/12/2020</u> and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>10/13/2020</u> under the business name of <u>Larsen &amp; Associates, Inc.</u> By (signature) _____																																																															
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 <a href="http://www.kdheks.gov/watervell/index.html">http://www.kdheks.gov/watervell/index.html</a> Telephone 785-296-5524.																																																															

KSA82a-1212

Revised 1/20/2015

NOTE: Figures exhibited within this report are only to be used within the context of this report. Placement of property lines, wells, structures, and roads is based on the available information from county appraiser maps, surveys, site visits, and/or previous vendor reports and should be considered approximate.

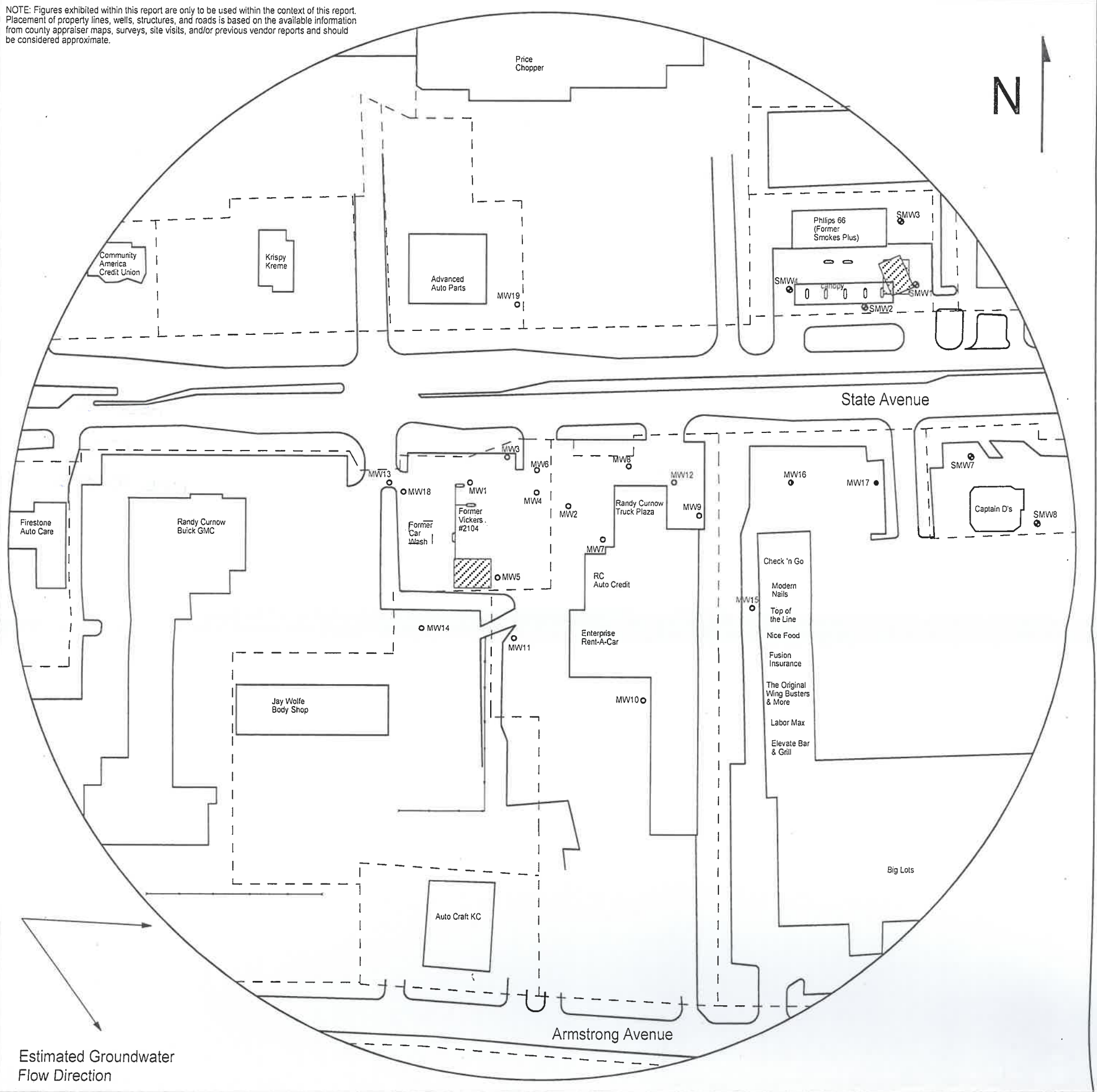


FIGURE 1 - 650 FT RADIUS AREA BASE MAP



1311 E 25th St., Suite B    785-841-8707 office  
Lawrence, KS 66046    785-865-4282 fax

**PROJECT:**  
Vickers #2104  
7667 State Ave  
Kansas City, KS  
KDHE ID: U4-105-00963  
Date: 10/12/20

0                      130 ft

**LEGEND**

- Approximate Location of Former UST Basin, Product Lines & Pump Islands
- Approximate Location of Active UST basin and Pump Islands
- Approximate Location of Property Line
- Existing Monitoring Well
- Monitoring Well from nearby site (Smokes Plus (U4-105-14816))
- Destroyed Well
- Plugged Well