

## WATER WELL RECORD

## Form WWC-5

Division of Water  
Resources App. No.

Well ID

MW1

☒ Original Record ☐ Correction ☐ Change in Well Ust

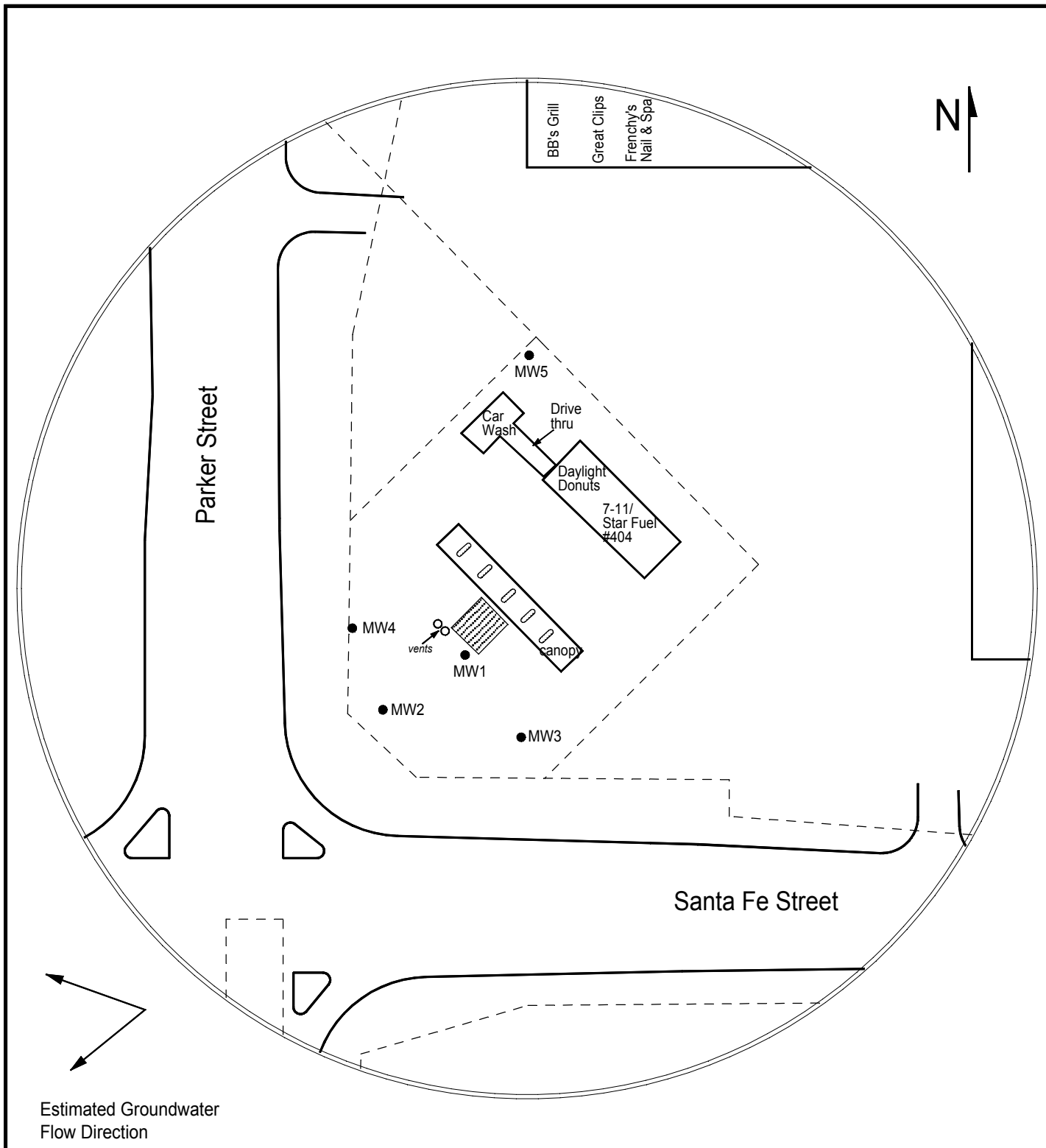
1 LOCATION OF WATER WELL: County Johnson		Fraction SW ¼ SW ¼ SW ¼ SW ¼		Section Number 26	Township Number T 13 S	Range Number R 23 E W
2 WELL OWNER: Last Name: First: Business: Star Fuel Centers, Inc. Address: 7415 W 130th St., Suite 100 Address: City Overland Park State: KS ZIP: 66213			Street or Rural 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"/> 202 N Parker. Olathe KS			
3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align: center;">N NW NE W SE S -----1 mile-----</div>		4 DEPTH OF COMPLETED WELL: 23.5 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 21.64 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 3/3/2020 <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft after _____ hours pumping _____ gpm Water well was _____ ft after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 7.25 in to _____ ft, and _____ in to _____ ft		5 Latitude: 38.88423 (decimal degrees) Longitude: 94.83403 (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input 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		
				6 Elevation 1001.91 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 <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial 2 <input type="checkbox"/> Public Water Supply: well ID _____ 3 <input type="checkbox"/> Dewatering: how many wells? _____ 4 <input type="checkbox"/> Aquifer Recharge: well ID _____ 5 <input checked="" type="checkbox"/> Monitoring: well ID MW1 6 <input type="checkbox"/> Environmental Remediation: well ID _____ 7 <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor 8 <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 9 <input type="checkbox"/> Oil Field Water Supply: lease _____ 10 <input type="checkbox"/> Test Hole: well ID _____ 11 <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 <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 2 in. to 13.5 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface -0.24 in. Weight _____ lbs./ft. Well thickness or gauge No _____ 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 13.5 ft. to 23.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From 11.5 ft. to 23.5 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"/> Other Concrete: 0-0.5' Grout intervals: From 0.5 ft. to 11.5 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? NE Distance from well? ~5 ft						
10 FROM TO		LITHOLOGIC LOG		FROM TO		LITHO. LOG (cont.) or PLUGGING INTERVALS
0 0.5		Grass/Topsoil				
0.5 1		Silty clay, gravel and fill				
1 4.5		Fill soil, rock, and gravel				
4.5 6.5		Silty sandy clay w/ sandstone				
6.5 18		Silty clay w/ gravel and asphalt, possibly fill				
18 23		Silty clay w/ trace sand				
23 23.5		Sandstone				
Notes: KDHE ID: 7-11/Star fuel #404; U4-046-15163 Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDHE.						
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) 1/6/20 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 757 This Water Well Record was completed on (mo-day-year) 3/18/20 under the business name of Larsen & Associates, 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, SWWS Section,  
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-365-5524.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 7/10/2015



 <p>1311 E 25th St. Suite B Lawrence, KS 66046</p> <p>785-841-8707 office 785-865-4282 fax</p>	<p><b>PROJECT:</b>          7-11/Star Fuel #404          202 N. Parker          Olathe, KS          KDHE ID: U4-046-15163          Date: 5/20/20</p> <p>0 100 ft</p>	<p><b>LEGEND:</b></p> <ul style="list-style-type: none"> <li> Approximate Location of Active UST Basin &amp; Pump Islands</li> <li> Approximate Location of Property Line</li> <li> Existing Monitoring Well</li> </ul>
	<p>Estimated Groundwater Flow Direction</p>	