

**WATER WELL PLUGGING RECORD Form WWC-5P**
**KSA 82a-1212**
**ID NO.**
**LMW-7**

|                                                     |                                |                     |                           |                                                                                       |
|-----------------------------------------------------|--------------------------------|---------------------|---------------------------|---------------------------------------------------------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: Johnson | Fraction<br>NW ¼ NW¼ NW ¼ SW ¼ | Section Number<br>8 | Township Number<br>T 13 S | Range Number<br>R 25 <input checked="" type="checkbox"/> E <input type="checkbox"/> W |
|-----------------------------------------------------|--------------------------------|---------------------|---------------------------|---------------------------------------------------------------------------------------|

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| 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"/> 10701 Metcalf Avenue, Overland Park, KS | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: 38.933908 (in decimal degrees)<br>Longitude: 94.666583 (in decimal degrees)<br>Elevation: 922<br>Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method: |
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| <b>2 WATER WELL OWNER:</b> Star Fuel Centers, Inc.<br>RR#, St. Address, Box #: 7415 W. 130th Street, Suite 100<br>City, State ZIP Code: Overland Park, KS 66213 | <input type="checkbox"/> GPS unit (Make/Model: _____)<br><input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |
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| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br> | <b>4 DEPTH OF WELL</b> 13.87 ft.<br><b>WELL'S STATIC WATER LEVEL</b> 7.95 ft.<br><b>WELL WAS USED AS:</b><br><table border="0"> <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 _____ |
| <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>5 TYPE OF BLANK CASING USED:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify below) _____<br><input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile |
| Blank casing diameter 2.0 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 3.0 ft.<br>Casing height above or below land surface -0.46 in.                                                                                                                                                                                      |

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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 type="checkbox"/> Other _____<br>Grout Plug Intervals: From 13.85 ft. to 0.5 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br><table border="0"> <tr> <td><input type="checkbox"/> Septic tank</td> <td><input type="checkbox"/> Seepage pit</td> <td><input checked="" type="checkbox"/> Fuel storage</td> <td><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> <td></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> <td></td> </tr> <tr> <td><input type="checkbox"/> Lateral lines</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Abandoned water well</td> <td>Direction from well? SE</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> <td>How many feet? 96</td> </tr> </table> | <input type="checkbox"/> Septic tank    | <input type="checkbox"/> Seepage pit             | <input checked="" 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"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? SE | <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? 96 |
| <input type="checkbox"/> Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Seepage pit    | <input checked="" 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"/> Feedyard       | <input type="checkbox"/> Abandoned water well    | Direction from well? SE                              |                                                      |                                      |                                    |                                             |  |                                                 |                                        |                                              |  |                                        |                                   |                                               |                         |                                    |                                         |                                            |                   |
| <input type="checkbox"/> Cess pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well       | How many feet? 96                                    |                                                      |                                      |                                    |                                             |  |                                                 |                                        |                                              |  |                                        |                                   |                                               |                         |                                    |                                         |                                            |                   |

| FROM  | TO    | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|-------|-------|--------------------|------|----|--------------------|
| 13.85 | 0.5   | Hydrated Bentonite |      |    |                    |
| 0.5   | Grade | Concrete           |      |    |                    |
|       |       |                    |      |    |                    |
|       |       |                    |      |    |                    |
|       |       |                    |      |    |                    |
|       |       |                    |      |    |                    |
|       |       |                    |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/26/22 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. \_\_\_\_\_. This Water Well Record was completed on (mo/day/year) \_\_\_\_\_ under the business name of Dakota Technologies Company, LLC 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 <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.