

County: Johnson Fraction: SW SE NW SW Sec. 1 T. 14 S R. 23 E

**CORRECTION(S) to WATER WELL COMPLETION RECORD Form WWC-5** (to rectify lacking or incorrect information)

Owner: Star Fuel Centers MW 5

If location corrected, was listed as:

Section-Township-Range: 1-11-23E

Location changed to:

1-14-23E

Fraction (1/4 calls): \_\_\_\_\_

Other changes: Initial statements: Lat 38.51299 Long -94.48472

Changed to: Latitude 38.85831 Longitude -94.81311

Comments: \_\_\_\_\_

Verification method: Correction of Lat/Long sent by Contractor- Environmental Works and verified with  
KGS Mapper

Initials: SH Date: 08-04-2020

Submitted by: ☒ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724  
☐ Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

MW-5

Well ID

| <b>1 LOCATION OF WATER WELL:</b><br>County: Johnson  |      | Fraction<br>NW 1/4 NE 1/4 SW 1/4 SW 1/4 | Section Number<br>1  | Township Number<br>T 11 S | Range Number<br>R 23 <input checked="" type="checkbox"/> E <input type="checkbox"/> W |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>2 WELL OWNER:</b> Last Name: First:<br>Business: Star Fuel Centers, Inc.<br>Address: 7415 W 130th Street, Suite 100<br>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"/><br>1550 S. Hamilton Circle, Olathe, KS |                           |   |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br><table border="1" style="width:100%; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table><br>W<br>S<br>E<br>----- 1 mile -----  |      |   |  |                           |   |         |    |                |      |    | <b>4 DEPTH OF COMPLETED WELL:</b> 30.0 ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft. or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: 22.27 ft.<br><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 03/16/20<br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: ..... gpm<br>Bore Hole Diameter: 8.25 in. to 30.0 ft. and<br>..... in. to ..... ft. |   | <b>5 Latitude:</b> 38.51299 ..... (decimal degrees)<br><b>Longitude:</b> 94.48472 ..... (decimal degrees)<br><b>Horizontal Datum:</b> <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><b>Source for Latitude/Longitude:</b><br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input checked="" type="checkbox"/> Online Mapper: Google Earth |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>6 Elevation:</b> 1066.00 ft. <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br><b>Source:</b> <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other .....  |      |   |  |                           |   |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial<br>5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input checked="" type="checkbox"/> Monitoring: well ID MW-5<br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection<br>10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> Other (specify): .....  |      |   |  |                           |   |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: .....<br><b>Water well disinfected?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |      |   |  |                           |   |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded<br>Casing diameter 2.0 in. to 9.0 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface -0.35 in. Weight ..... lbs/ft. Wall thickness or gauge No. Sch 40<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br><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) .....<br><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)<br><b>SCREEN-PERFORATED INTERVALS:</b> From 9.0 ft. to 30.0 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>GRAVEL PACK INTERVALS:</b> From 6.0 ft. to 30.0 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. |      |   |  |                           |   |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other .....<br>Grout Intervals: From 1.0 ft. to 6.0 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>Nearest source of possible contamination:</b><br><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<br><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<br><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<br><input type="checkbox"/> Other (Specify) .....<br>Direction from well? ..... Distance from well? ..... ft.   |      |   |  |                           |   |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>10 FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>1.0</td><td>Concrete/gravel</td><td></td><td></td><td></td></tr><tr><td>1.0</td><td>15.0</td><td>Silty clay</td><td></td><td></td><td></td></tr><tr><td>15.0</td><td>20.0</td><td>Clay</td><td></td><td></td><td></td></tr><tr><td>20.0</td><td>30.0</td><td>Weathered shale</td><td></td><td></td><td></td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>  |      |   |  |                           |   | 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS  | 0 | 1.0   | Concrete/gravel |  |  |  | 1.0 | 15.0 | Silty clay |  |  |  | 15.0 | 20.0 | Clay |  |  |  | 20.0 | 30.0 | Weathered shale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 FROM  | TO   | LITHOLOGIC LOG                          | FROM   | TO                        | LITHO. LOG (cont.) or PLUGGING INTERVALS  |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0  | 1.0  | Concrete/gravel                         |  |                           |   |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.0  | 15.0 | Silty clay                              |  |                           |   |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15.0   | 20.0 | Clay                                    |  |                           |   |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20.0   | 30.0 | Weathered shale                         |  |                           |   |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Notes:</b> KDHE# 44-046-15156   |      |   |  |                           |   |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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) 2/26/20 ..... and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. 753 ..... This Water Well Record was completed on (mo-day-year) 4/3/20 .....<br>under the business name of Environmental Works, Inc. Signature: [Signature]<br>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,<br>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.<br>Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 7/10/2015   |      |   |  |                           |   |         |    |                |      |    |   |   |   |                 |  |  |  |     |      |            |  |  |  |      |      |      |  |  |  |      |      |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



