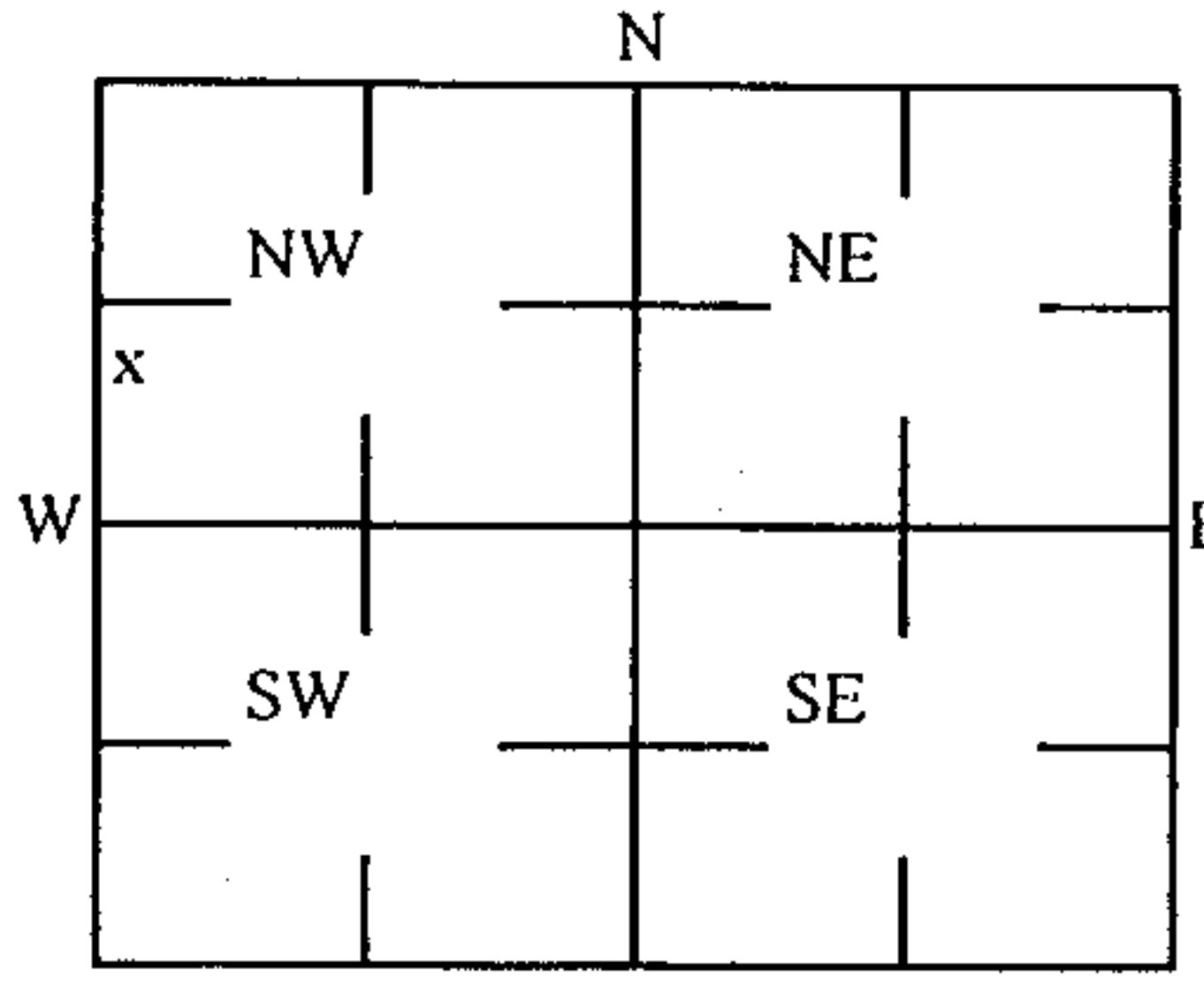


<b>1 LOCATION OF WATER WELL:</b> County: Miami	Fraction NW ¼ NW ¼ SW ¼ NW ¼	Section Number 12	Township Number T 18 S	Range Number 22 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>  503 E Main, Osawatomie, KS	<b>Global Positioning Systems (GPS) information:</b> Latitude: 38.49950 (in decimal degrees) Longitude: 94.93678 (in decimal degrees) Elevation: NA Horizontal Datum <input checked="" 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
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<b>2 WATER WELL OWNER:</b> Casey's Retail Co. RR#, St. Address, Box #: PO Box 3004 City, State ZIP Code: Ankeny, KS 50021	
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>  	<b>4 DEPTH OF WELL</b> <u>23.3</u> ft.  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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<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 _____											

<b>5 TYPE OF BLANK CASING USED:</b>  <input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specific below) <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile	Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>3'</u> Casing height above or below land surface <u>NA</u> 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 checked="" type="checkbox"/> Other <u>Concrete:0-0.5'; Soil: 0.5-3'</u>	Grout Plug Intervals: From <u>3</u> ft to <u>23.3</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><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"/> Feed yard</td> <td><input type="checkbox"/> Abandoned water well</td> <td>Direction from 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> <td>How many feet? _____</td> </tr> </table>	<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	Direction from well? _____	<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____
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FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.5	Concrete			
0.5	3	Soil			
3	23.3	Bentonite			
KDHE ID: Casey's #3560; U4-061-14982					

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> completed on (mo/day/year) <u>10/9/2019</u> and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) <u>10/14/2019</u> under the business name of <u>Larsen &amp; Associates, Inc.</u> By (signature) _____	This water well was plugged under my jurisdiction and was completed on (mo/day/year) _____ and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. _____ under the business name of _____ By (signature) _____
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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.