

## WATER WELL RECORD

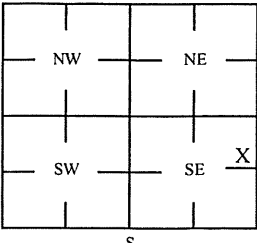
## Form WWC-5

Division of Water  
Resources App. No.

Well ID

MW2

☒ Original Record☐ Correction☐ Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County Coffey		Fraction SE ¼ SE ¼ NE ¼ SE ¼	Section Number 4	Township Number T 19 S	Range Number R 14 E <input checked="" type="checkbox"/> W
<b>2 WELL OWNER:</b> Last Name: Casey's Retail Company Business: PO Box 3004 Address: PO Box 3004 City: Ankeny State: IA ZIP: 50021		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"/> 2740 Fauna Road, Lebo, KS			
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL:</b> 15.5 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 5.00 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 3/7/23 <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		<b>5 Latitude:</b> 38.42363 (decimal degrees) <b>Longitude:</b> 95.85839 (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		
	<b>6 Elevation:</b> 1133.86 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 _____				

<b>7 WELL WATER TO BE USED AS:</b> 1 Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2 Irrigation 3 Feedlot 4 Industrial		5 Public Water Supply: well ID _____ 6 Dewatering: how many wells? _____ 7 Aquifer Recharge: well ID _____ 8 <input checked="" type="checkbox"/> Monitoring: well ID MW2 9 Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10 <input type="checkbox"/> Oil Field Water Supply: lease _____ 11 Test Hole: well ID _____ <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): _____
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Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: \_\_\_\_\_  
Water well disinfected? ☐ Yes ☒ No

<b>8 TYPE OF CASING USED:</b> <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 5.5 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface -0.33 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 5.5 ft. to 15.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From 3.5 ft. to 15.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,	

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other Concrete: 0-0.5'  
Grout intervals: From 0.5 ft. to 3.5 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 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? N Distance from well? ~40 ft

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Topsoil			
1	2	Clay, fill, gravel			
2	15.5	Shale			

Notes: KDHE ID: Casey's #3919; U3-016-15345  
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 ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) 2/8/23 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) 3/13/23 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, QWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

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

KA 82a-1212

Revised 7/10/2015

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.

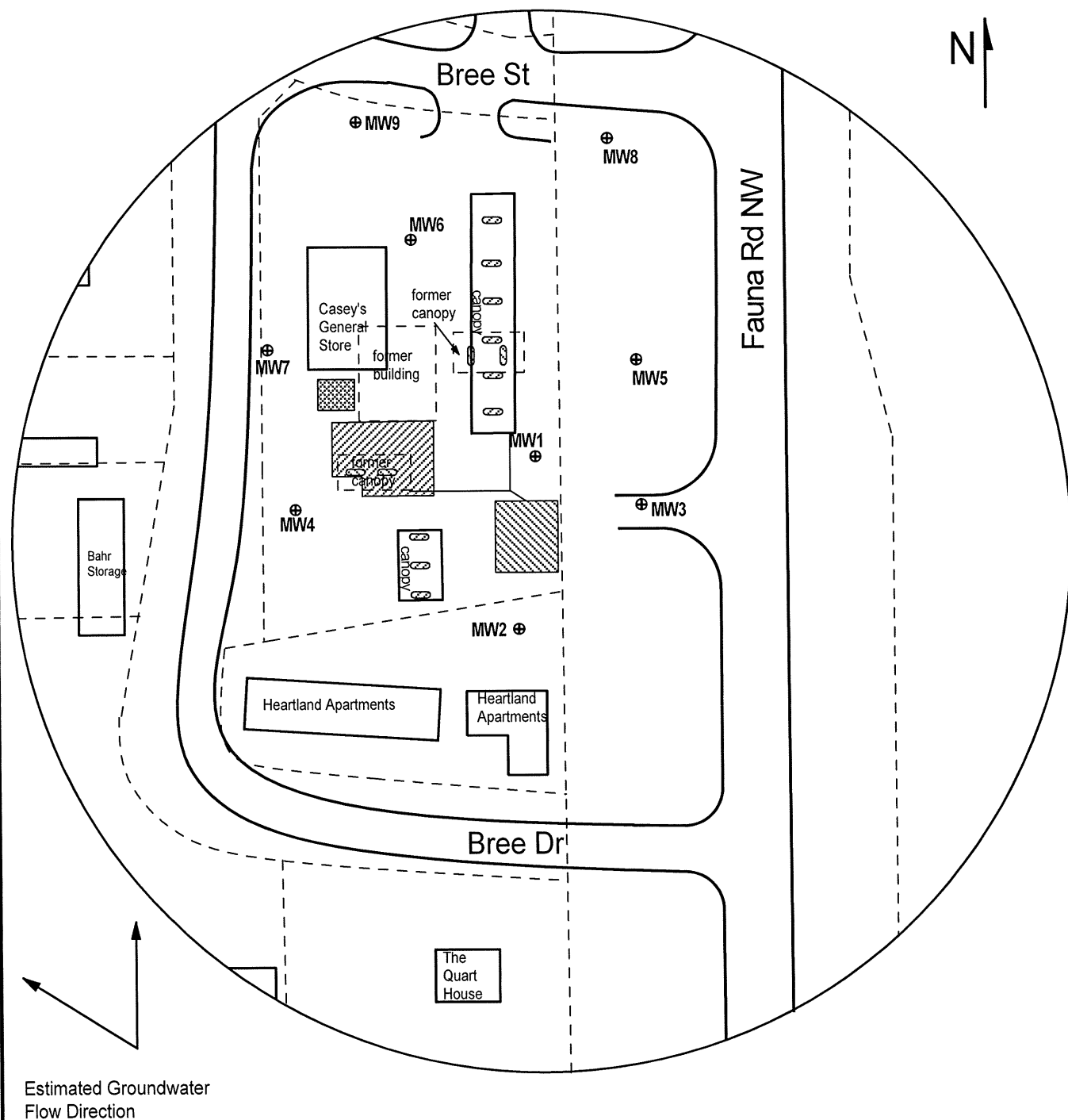


FIGURE 3 - 350 FT RADIUS AREA BASE MAP



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

**PROJECT:**

Casey's #3919  
2740 Fauna Road  
Lebo, KS  
KDHE ID: U3-016-15345  
Date: 3/7/23

0 100 ft

**LEGEND:**

- Approximate Location of Active UST Basin and Pump Island
- Approximate Location of Former UST Basin, Product Lines, and Pump Island
- Approximate Location of Former Waste Oil UST Basin

⊕ New Monitoring Well (Installed 1/23/23 & 2/8-10/23)

NOTE: Utility depths and locations are approximate.