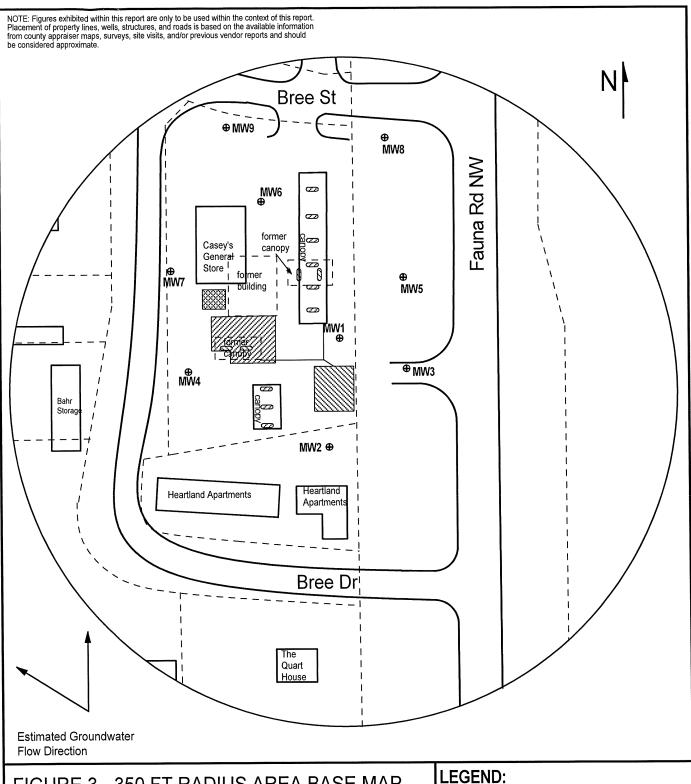
WATER WELL RECORD Form WWC-5				vision of Water			D. ATTYLE		
X Original Record	Correction Change i	n Well Ust	Reso	ources App. No.		Well ID	MW5		
1 LOCATION OF	WATER WELL:	Fraction		Section Numb	er Township Nun	nber Range	Number		
County Coffey		NE 14 SE 14 N	IE ¼ SE !	/4 4	T 19	S R 1	4 X E W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction									
Business: Casey's Retail Company from nearest town or intersection): If at owner's address, check here:									
Address: PO Box 3004 2740 Fauna Road, Lebo, KS Address:									
City Ankeny State: IA ZIP: 50021									
3 LOCATE WELL			15 ft	5 Latitude:	38 424	14 (de	cimal degrees)		
WITH "X" IN		Encountered: 1)		Longitude			cimal degrees)		
SECTION BOX:	2) ft 3	) ft or 4)   Dry	/ Well	Well Horizontal Datum Y WGS 84 NAD 83 NAD 27					
N	N WELL'S STATIC WATER LEVEL: 4.3				ft. Source for Latitude/Longitude:				
	r) 3/7/23	3/7/23 GPS (unit make/model: )							
NW NE	т)		AAS enabled?	YesNo	)				
	ft	X Land Survey Topographic Map							
w	ppm Online Mapper								
	ater well was ours pumping	gpm 6 Elevation 1132.51 ft Ground Level X TOC							
sw se	Estimated Yield:	onm	gpm Source X				Topographic Map		
	7.25 in to	ft and	Source X Land Survey GPS Topographic Map Other						
S	in to	in to ft							
I mile									
7 WELL WATER TO BE USED AS:									
1 Domestic:	5 Public Water Su				Water Supply: lease				
Household Lawn & Garden	6 Dewatering: howard Dewatering:	· ·		11 Test Hole: wel					
Livestock	e: weil ID I ID MW5	Cased Uncased Geotechnical				al			
2 Irrigation	diation: well ID		12 Geothermal: How many bores?  a) Closed Loop Horizontal Vertical						
Feedlot		b) Open Loop Surface Discharge Inj. of Water							
4 Industrial	Air Sparge Recovery	Soil Vapor Extraction Injection		Other (spe		ischarge	ing. or water		
Was a chemical/bacteriological sample submitted to KDHE? Yes X No If yes, date sample was submitted:  Water well disinfected? Yes X No									
8 TYPE OF CASING USED: Steel X PVC Other CASING JOINTS: Glued Clampled Welded X Threaded									
Casing diameter 2 in. to 5 ft, Diameter in. to ft, Diameter in. to ft, Casing height above land surface -0.38 in. Weight lbs./ft. Well thickness or gauge No									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
Steel Stainless Steel Fiberglass X PVC Other (Specify)									
Brass Galvanized Steel Concrete tile None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
Continuous Slot X Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)									
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From 5 ft. to 15 ft, From ft. to ft, From ft. to ft,							ft,		
GRAVEL PACK I	NTERVALS: From 3	ft. to 15 ft, Fr	omf	t. to	ft, From	ft. to	ft,		
9 GROUT MATERIAL: Neat cement Cement grout X Bentonite X Other Concrete: 0-0.5'									
Grout intervals: From 0.5 ft. to 3 ft, From ft. to ft, From ft. to ft,									
Nearest source of possible contamination:									
Septic Tank	Lateral Lines	Pit Privy	Live	estock Pens	Insecticide	Storage			
Sewer Lines	Cess Pool	Sewage Lagoon	Fue	l Storage	Abandone	d Water Well			
Watertight Sewer Li	nes Seepage Pit	Feedyard	Fert	ilizer Storage	Oil Well /	Gas Well			
Other (Specity)									
Direction from well? W		Distance from wel	l? ~90		ft				
10 FROM TO	LITHOLO	GIC LOG	FROM	TO	LITHO. LOG (co	nt.) or PLUGGI	NG INTERVALS		
0 1	Topsoil, sandy								
1 15	Silty 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.  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, or plugged under my									
jurisdiction and was completed on (mo-day-year) 2/10/23 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, GWTS 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.k	dheks.gov/waterwell/index.html	KSA 82a-1	212			Revise	d 7/10/2015		



## 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

100 ft

Approximate Location of Active Approximate Location of Acti 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.