

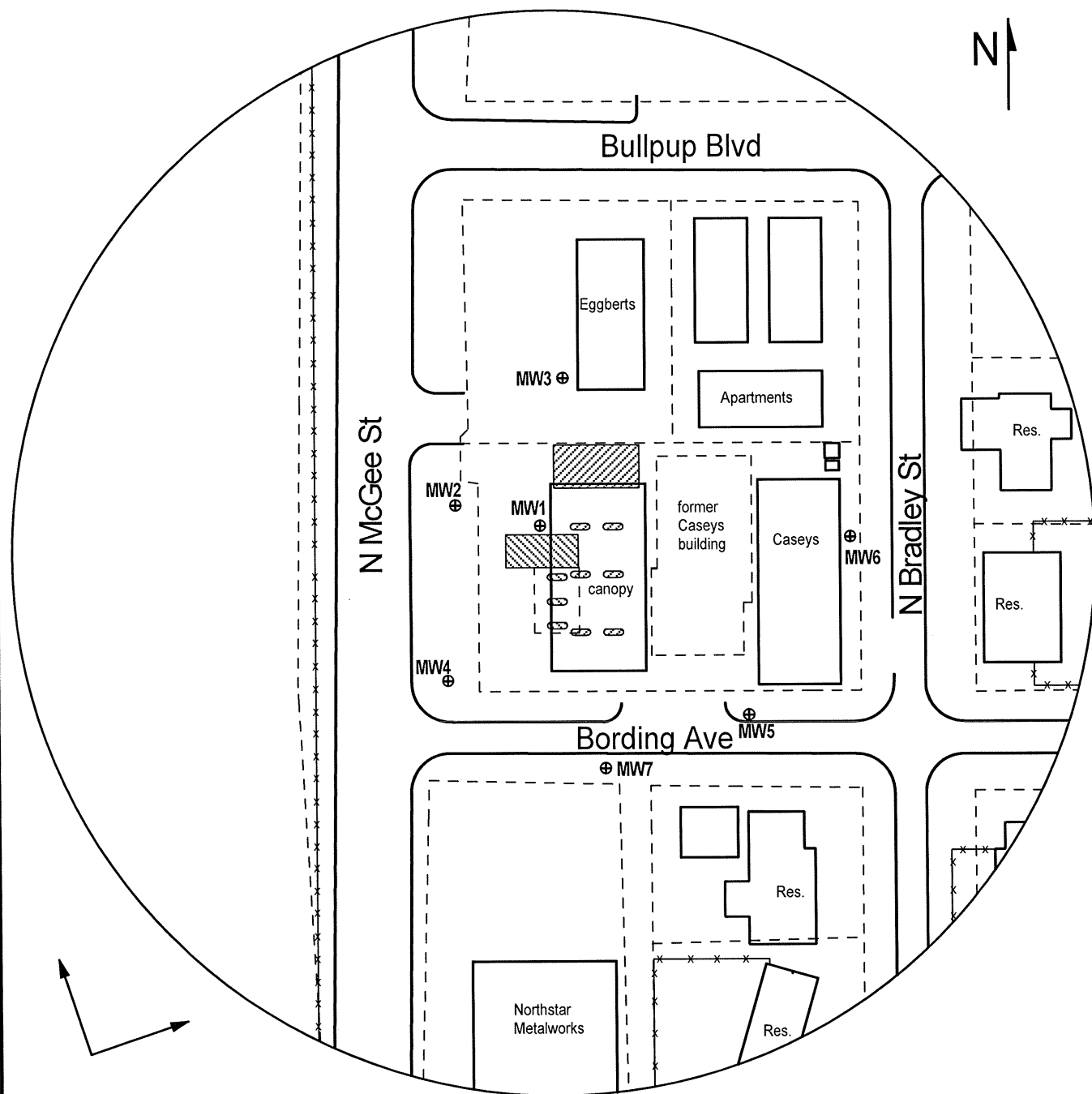
**Form WWC-5**Division of Water  
Resources App. No.

Well ID

MW1

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number																																																																														
County    Montgomery		SW ¼   SW ¼   SW ¼   NW ¼	7	T      35      S	R    14    E      W																																																																														
<b>2 WELL OWNER:</b> Last Name: Business: Casey's Retail Company 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"/> 606 N McGee St, Caney, KS																																																																																	
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b>		<b>5 Latitude:</b>																																																																															
<div style="text-align:center;">N <table border="1" style="margin:auto; width:100px; height:100px;"><tr><td>NW</td><td>NE</td></tr><tr><td>X</td><td>E</td></tr><tr><td>SW</td><td>SE</td></tr><tr><td>S</td><td></td></tr></table> S ----- 1 mile -----</div>		NW	NE	X	E	SW	SE	S		Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: _____ 9.12 ft.		_____ Longitude _____ (decimal degrees) Horizontal Datum: <input 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)																																																																							
		NW	NE																																																																																
		X	E																																																																																
SW	SE																																																																																		
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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		<input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 1/18-19/23 <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper																																																																																	
				<b>6 Elevation</b> _____ 778.64 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 <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial																																																																																			
2 Public Water Supply: well ID _____ 3 Dewatering: how many wells? _____ 4 Aquifer Recharge: well ID _____ 5 Monitoring: well ID MW1 _____ 6 Environmental Remediation: well ID _____ 7 Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> Recovery <input type="checkbox"/> Injection <input type="checkbox"/>																																																																																			
8 Oil Field Water Supply: lease _____ 9 Test Hole: well ID _____ 10 Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical <input type="checkbox"/> 11 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): _____																																																																																			
<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: _____ Water well disinfected? <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 _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter _____ 2 in. to _____ 9 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface _____ -0.49 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 _____ 9 ft. to _____ 19 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From _____ 7 ft. to _____ 19 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 checked="" type="checkbox"/> Other Concrete: 0-1' Grout intervals: From _____ 1 ft. to _____ 7 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,																																																																																			
<b>Nearest source of possible contamination:</b> <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 (Specity) _____ Direction from well? S Distance from well? ~5 ft																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"><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><tr><td>0</td><td>0.75</td><td>Concrete</td><td></td><td></td><td></td></tr><tr><td>0.75</td><td>8</td><td>Screened gravel</td><td></td><td></td><td></td></tr><tr><td>8</td><td>10</td><td>Weathered shale, silty clay</td><td></td><td></td><td></td></tr><tr><td>10</td><td>19</td><td>Coarse gravel</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><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></table>						10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	0.75	Concrete				0.75	8	Screened gravel				8	10	Weathered shale, silty clay				10	19	Coarse gravel																																																			
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<b>Notes: KDHE ID: Casey's General Store #3925; U3-063-15344</b> Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDHE.																																																																																			
<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) 1/17/23 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) 2/20/23 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, DWTS 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 KSA 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.



Estimated Groundwater  
Flow Direction

**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 General Store #3925  
606 N McGee St  
Caney, KS  
KDHE ID: U3-063-15344  
Date: 1/18-19/23



**LEGEND:**

- Approximate Location of Active UST Basin and Pump Island
- Approximate Location of Former UST Basin and Pump Island
- New Monitoring Well (Installed 1/16-19/23)
- Overhead Lines (25-40 ft high)
- Sanitary Sewer (2 - 6 ft BGS)
- Gas (2 - 6 ft BGS)
- Water (2 - 6 ft BGS)

NOTE: Utility depths and locations are approximate.