

1 LOCATION OF WATER WELL: County: Atchison	Fraction NW¼ SW¼ SE¼	Section Number 33	Township Number T 5 S	Range Number 20 <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"/> Route #3, Atchison, KS	Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Horizontal Datum <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAVD27 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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2 WATER WELL OWNER: City of Atchison RR#, St. Address, Box #: 515 Kansas Ave City, State ZIP Code: Atchison, KS 66002	
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">W</td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table> <p style="text-align: center;">X</p> </div>	N		NW	NE	W	E	SW	SE	S		4 DEPTH OF WELL <u>59.0</u> ft. MW1 WELL'S STATIC WATER LEVEL _____ 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 & 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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5 TYPE OF BLANK CASING USED:	<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 type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much <u>3</u> ft
Casing high above or below land surface <u>NA</u> in.	

6 GROUT PLUG MATERIAL:	<input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Soil: 0-3'
Grout Plug Intervals: From <u>3</u> ft to <u>59.0</u> ft, From _____ ft to _____ ft, From _____ ft to _____ ft,	
What is the nearest source of possible contamination:	
<input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool <input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feed yard <input type="checkbox"/> Livestock pens	<input checked="" type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well <input type="checkbox"/> Other (specify below) _____ Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Soil			
3	59.0	Bentonite			
KDHE ID: Amelia Earhart Airport; U4-003-11175					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: completed on (mo/day/year) <u>8/4/22</u> and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>8/8/22</u> under the business name of <u>Larsen & Associates, Inc.</u> By (signature) _____	This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8/4/22</u> and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>8/8/22</u> under the business name of <u>Larsen & Associates, Inc.</u> 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.

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.

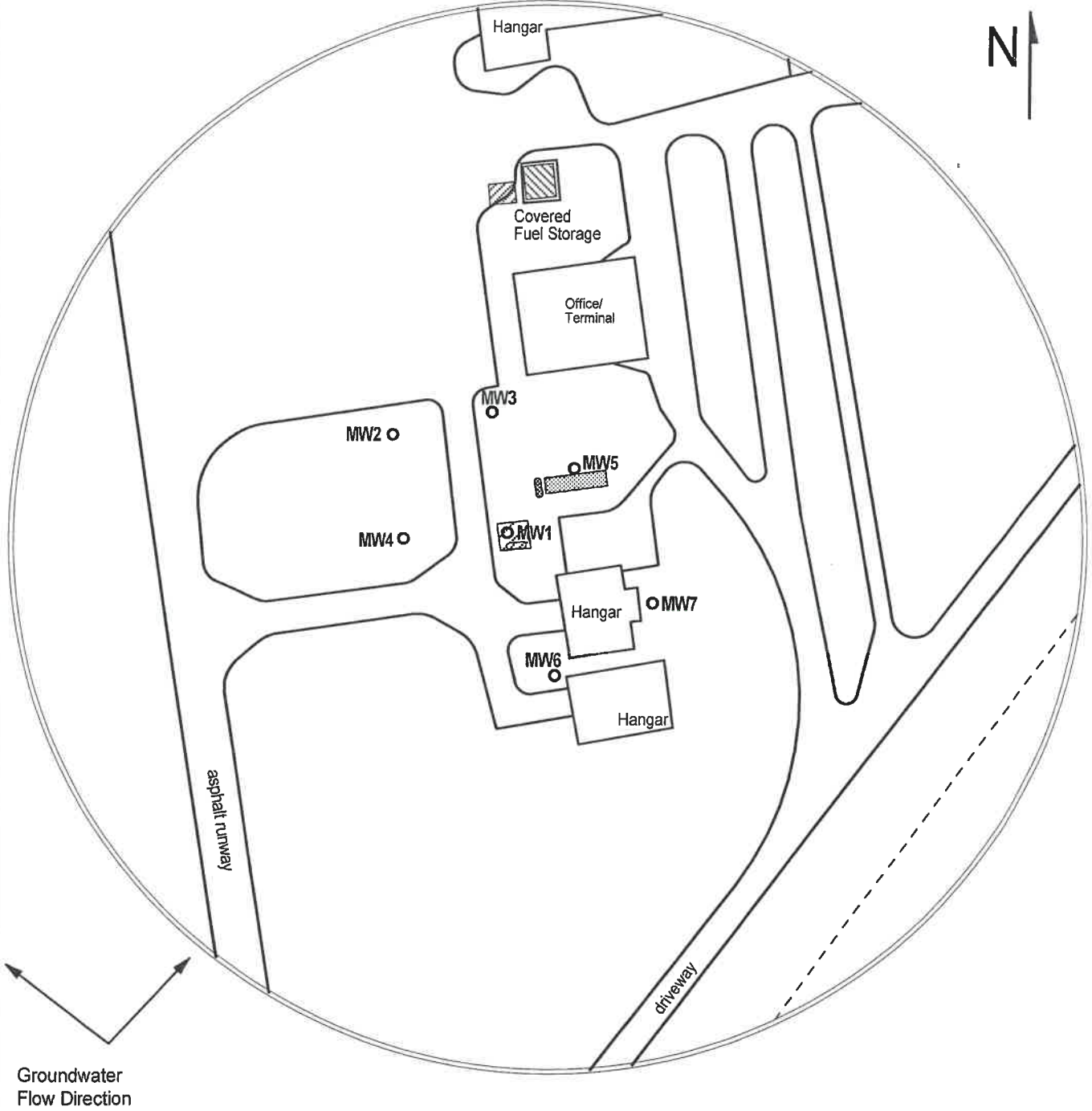







FIGURE 1 - 350 FT SITE BASE MAP

LEGEND:

-  Approximate Location of Former UST Basins
-  Approximate Location of Active UST Basin
-  Approximate Location of Active Jet Fuel AST & Pump
-  Approximate Location of Property Line
-  Plugged Monitoring Well



PROJECT:
 Amelia Earhart Airport
 Route #3
 Atchison, KS
 KDHE ID: U4-003-11175
 Date: 8/4/22



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

NOTE: Location of active and former product lines is unknown.