

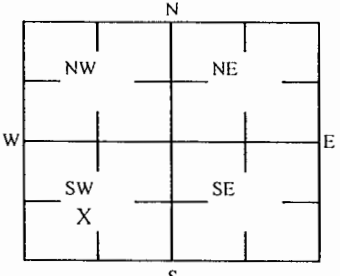
**WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.**

MW21

<b>1 LOCATION OF WATER WELL:</b> County: Stafford	Fraction NE ¼ SW ¼ SW ¼	Section Number 33	Township Number T 23 S	Range Number 13 <input type="checkbox"/> E <input checked="" 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"/>  ~190 ft NE of 113 W. 4th St., St. John, KS	<b>Global Positioning Systems (GPS) information:</b> Latitude: NA (in decimal degrees) Longitude: NA (in decimal degrees) Elevation: NA Horizontal Datum <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input checked="" 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> RR#, St. Address, Box #: Jim's Amoco City, State ZIP Code: 113 W 4th St St. John, KS 67576	
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>  	<b>4 DEPTH OF WELL</b> 29.0 ft.  WELL'S STATIC WATER LEVEL NA 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"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____											

<b>5 TYPE OF BLANK CASING USED:</b>	
<input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC	<input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS
<input type="checkbox"/> Wrought <input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile
<input type="checkbox"/> Other (Specific below) _____	
Blank casing diameter 2 in.	Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 3'
Casing high above or below land surface NA in.	

<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 Soil: 0-3'	
Grout Plug Intervals: From 3 ft to 29.0 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 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	29.0	Bentonite			
KDHE ID: Jim's Amoco; U1-093-11433					

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b>	
This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/12/2022 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) 4/25/2022 under the business name of Larsen & Associates, Inc. By (signature) _____	

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.

Stafford

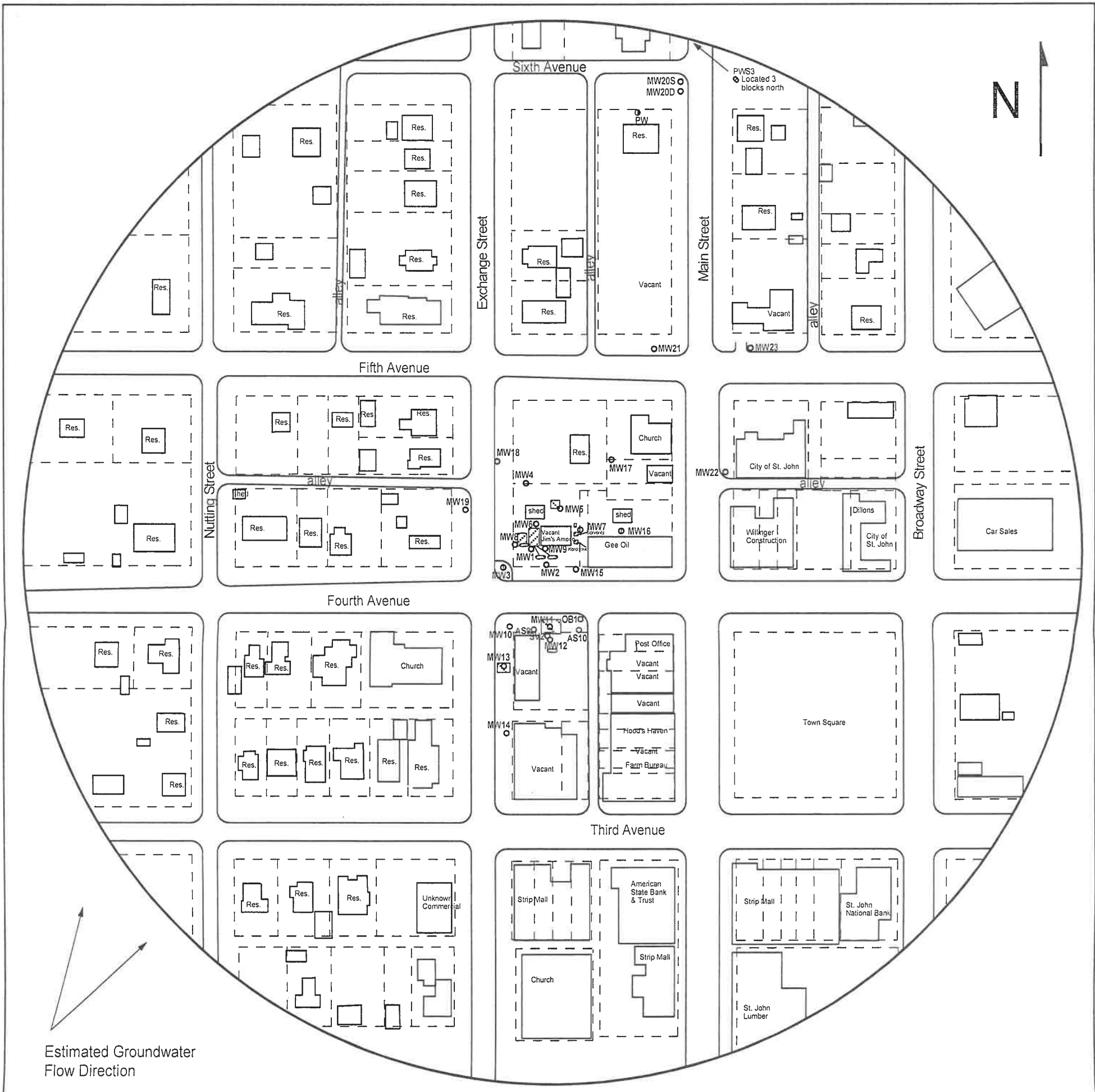


FIGURE 1 - 600 FT RADIUS AREA BASE MAP

LEGEND

- Approximate Location of Active UST Basin, Pump Islands, and Product Lines
- Approximate Location of Former UST Basin and Pump Island
- Approximate Location of Former Waste Oil UST Basin
- Approximate Location of Former Used Motor Oil AST Basin
- Approximate Location of Property Lines
- Monitoring Well
- Plugged Monitoring Well
- Destroyed Monitoring Well
- Private Well
- Public Water Well

PROJECT:

Jim's Amoco  
 113 W. 4th  
 St. John, KS  
 KDHE ID: U1-093-11433  
 Date: 4/12/22



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



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APR 28 2022

BUREAU OF WATER

23-23-13W