

1 LOCATION OF WATER WELL:
 County: Stafford
 Fraction: $\frac{1}{4}$ $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$
 Section Number: 4
 Township Number: T 24 S
 Range Number: 13 E W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
 424 S. Broadway, St. John, KS

Global Positioning Systems (GPS) information:
 Latitude: NA (in decimal degrees)
 Longitude: NA (in decimal degrees)
 Elevation: NA

Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: GPS unit (Make/model: _____), Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL 27 **ft.**
 WELL'S STATIC WATER LEVEL NA **ft**
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specific below)
 PVC ABS Asbestos-Cement Concrete Tile
 Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much 2.5'
 Casing high above or below land surface NA in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Soil/Gravel: 0-3'
 Grout Plug Intervals: From 3 ft to 27 ft, From _____ ft to _____ ft, From _____ ft to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below) _____
 Sewer lines Pit privy Fertilizer storage _____
 Watertight sewer lines Sewage lagoon Insecticide storage _____
 Lateral lines Feed yard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Soil/Gravel			
3	27	Bentonite			
KDHE ID: St. John Power Plant; A1-093-40340					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/7/2021 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) 2/3/2022 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.

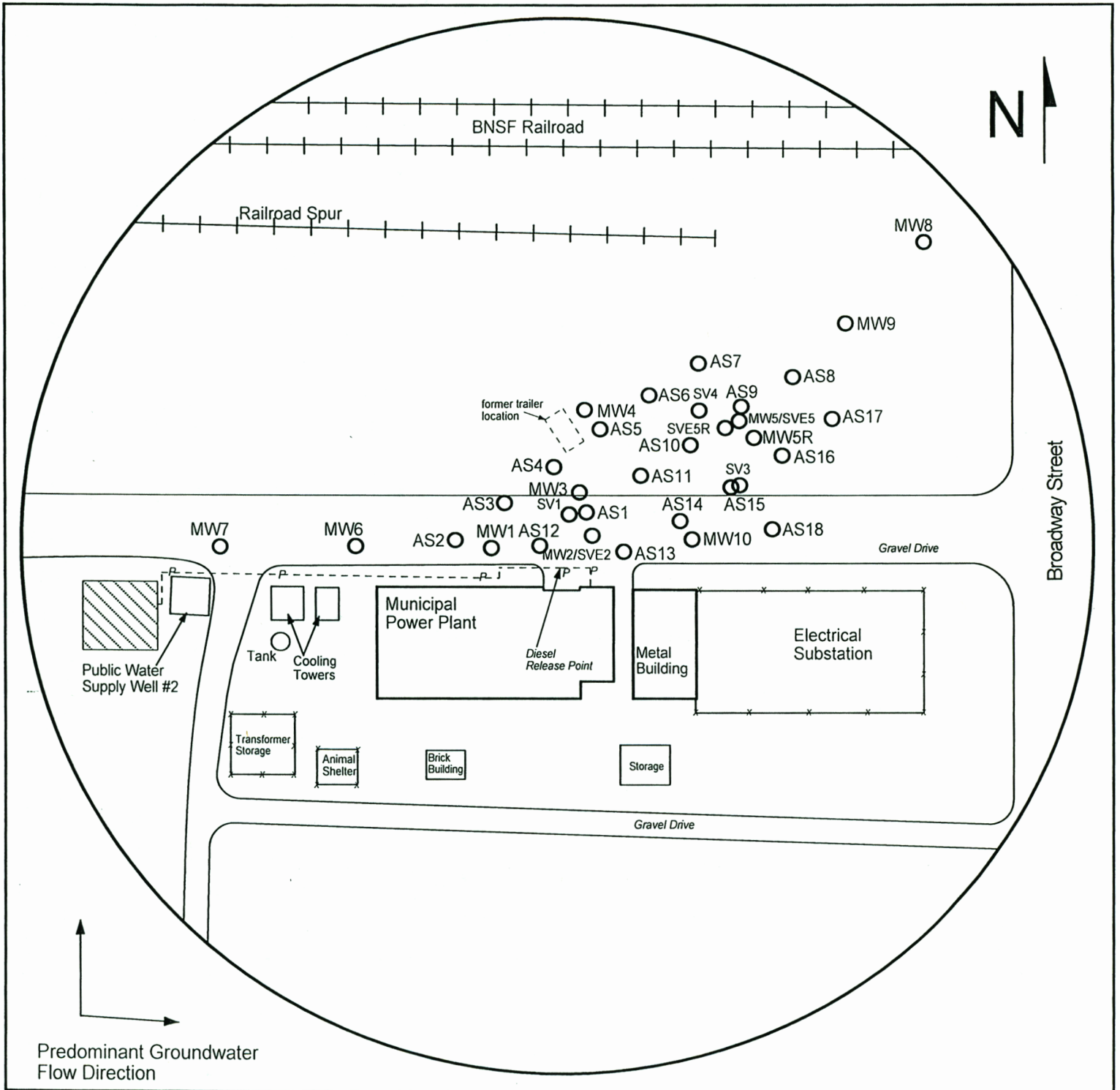




FIGURE 1 - SITE BASE MAP

LEGEND

-  Approximate Location of Active ASTs & Product Line
-  Plugged Monitoring Well/Soil Vapor Extraction (SVE) well Air Sparge (AS) well



PROJECT:
 City of St. John Power Plant
 424 South Broadway
 St. John, KS
 KDHE ID: A1-093-40340
 DATE: 12/7/22



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