

**WATER WELL RECORD (WWC-5)**

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_  
 Original Record      Correction      Change in Well Use

**LOCATION OF WATER WELL**

Latitude		Longitude		Section		Township		Range		E W	Fraction		¼		¼		¼
Datum		Elevation		County													

**WATER WELL OWNER**

Name	
Business	
Address	
Well location	
at owner's address	

**WELL WATER USE**

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**COMPLETION**

Depth of completed well: _____ ft.
Depth(s) groundwater encountered:
(1) _____ ft.; (2) _____ ft.;
(3) _____ ft.; (4) dry well
Static water level in well: _____ ft.
measured below land surface
on (mm/dd/yy): _____
measured above land surface
on (mm/dd/yy): _____
Estimated yield: _____ gpm
Water level was: _____ ft. after _____ hours
pumping _____ gpm
Pump installed?    Yes    No
Water well disinfected?    Yes    No
Date disinfected (mm/dd/yy): _____
Aquifer, if known:

**NEAREST SOURCE OF POTENTIAL CONTAMINATION**

Source: _____
Distance from well: _____      Direction from well: _____
Source description: _____
Source: _____
Distance from well: _____      Direction from well: _____
Source description: _____
No potential source of contamination within 100 feet.

**CONSTRUCTION**

Borehole interval:	Borehole diameter:
from _____ to _____ ft.	_____ in.
from _____ to _____ ft.	_____ in.
Casing height above land surface: _____ in.	
If casing height is less than 12 in. has a variance been approved?*	
Yes    No	
*variance not required for monitoring or environmental remediation wells	
Casing type: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Screen / perforation material: _____	
Screen / perforation openings: _____	
Screen / perforation intervals:	
From _____ ft. to _____ ft.	
Slot size _____ unit _____	
From _____ ft. to _____ ft.	
Slot size _____ unit _____	
Gravel pack intervals:	
Gravel pack not used:    Gravel size _____ in	
From _____ ft. to _____ ft.	
Gravel pack not used:    Gravel size _____ in	
From _____ ft. to _____ ft.	

**PERMIT & ID NUMBERS (AS REQUIRED)**

DWR Application No.: _____
KDHE / EPA Project Code: _____
Site Name: _____
KDHE UIC Class V Form Completed:    Yes    No
County Permit:    Yes    No    Permit ID: _____
Lease Name & Well #: _____
# of boreholes: _____    # of dewatering wells: _____

**LITHOLOGIC LOG**

FROM	TO	LITHOLOGY INTERVALS

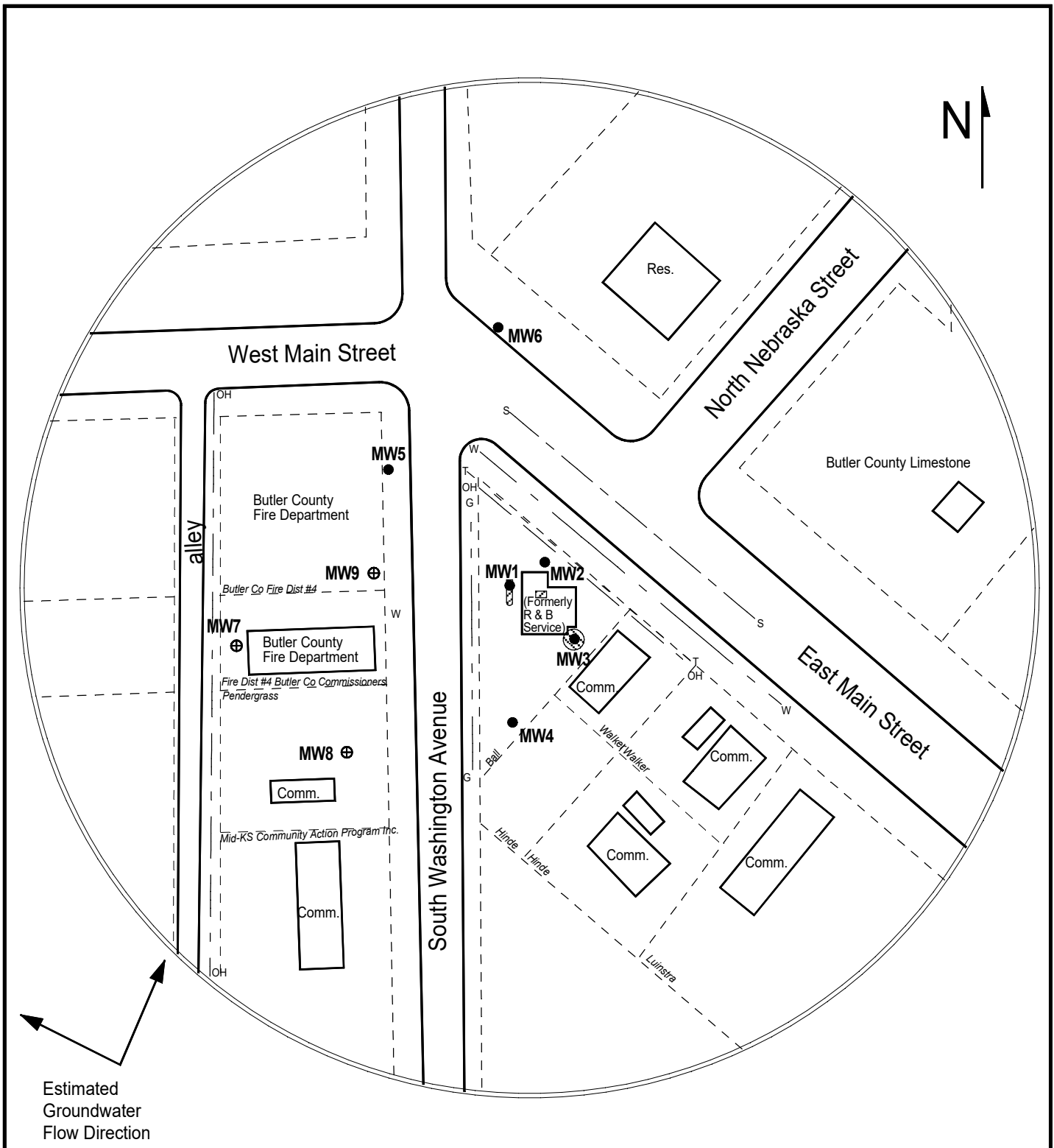
**COMMENTS**

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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

This water well was    constructed    reconstructed    pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: _____.
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Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.



**FIGURE 1 - SITE BASE MAP**

**LEGEND:**

- Approximate Location of Former UST Basin and Pump Island
- Approximate Location of Used Oil Storage Area
- Monitoring Well
- Newly Installed Monitoring Well
- Approximate Location of Property Lines
- Gas Lines (2 - 6 ft bgs)
- Overhead Lines
- Telephone Lines (2 - 6 ft bgs)
- Sewer Lines (2 - 6 ft bgs)
- Water Lines (2 - 6 ft bgs)

NOTE: Location of the former product lines is unknown.  
NOTE: Utility locations are approximate.



**PROJECT:**

R & B Service  
111 E. Main St  
Cassoday, KS  
KDHE ID: U2-008-10483  
Date: 4/13/23



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

# DENNIS L HANDKE

1820 NW 59th Terrace  
TOPEKA, KANSAS 66618  
785-286-4047 Home

Jess Chapman  
Larsen & Assoc.  
1311 E. 25<sup>th</sup> St., Suite B  
Lawrence, Kansas 66046

May 1, 2023

RE: Monitor Well Elevation Survey  
111 E. Main, Cassoday, Kansas

Proj. 23-000  
R & B Service  
KDHE ID U2-008-10483

Bench Mark: Chisled X on top of NW bolt of sign base South of building.

Elev: 1473.00      North 4223.24      West 5262.94      (from SE Cor. Sec. 23-23-7E)

MW-7	rim	1472.31	North 4268.49	SE1/4,SE1/4,NE1/4,NE1/4 (Sec. 22-23-7E)
	top pipe	1472.02	West 5453.42	Lat = 38.03985    Long = 96.63982
MW-8	rim	1472.59	North 4208.01	SE1/4,SE1/4,NE1/4,NE1/4 (Sec. 22-23-7E)
	top pipe	1472.15	West 5361.58	Lat = 38.03969    Long = 96.63950
MW-9	rim	1471.98	North 4317.00	SE1/4,SE1/4,NE1/4,NE1/4 (Sec. 22-23-7E)
	top pipe	1471.60	West 5339.25	Lat = 38.03999    Long = 96.63943

Elevation derived from the elevation of the NW Corner of Section 23 as per the Cassoday 7.5 quad map. NAVD 88.

Lat & Long derived from Cassoday 7.5 Quad Map WGS84

If you have any questions, please feel free to call me. Thank you for the opportunity to be of service to you.

Dennis L. Handke, P.L.S.

