

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: from _____ to _____ ft.	Borehole diameter: _____ 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: _____.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

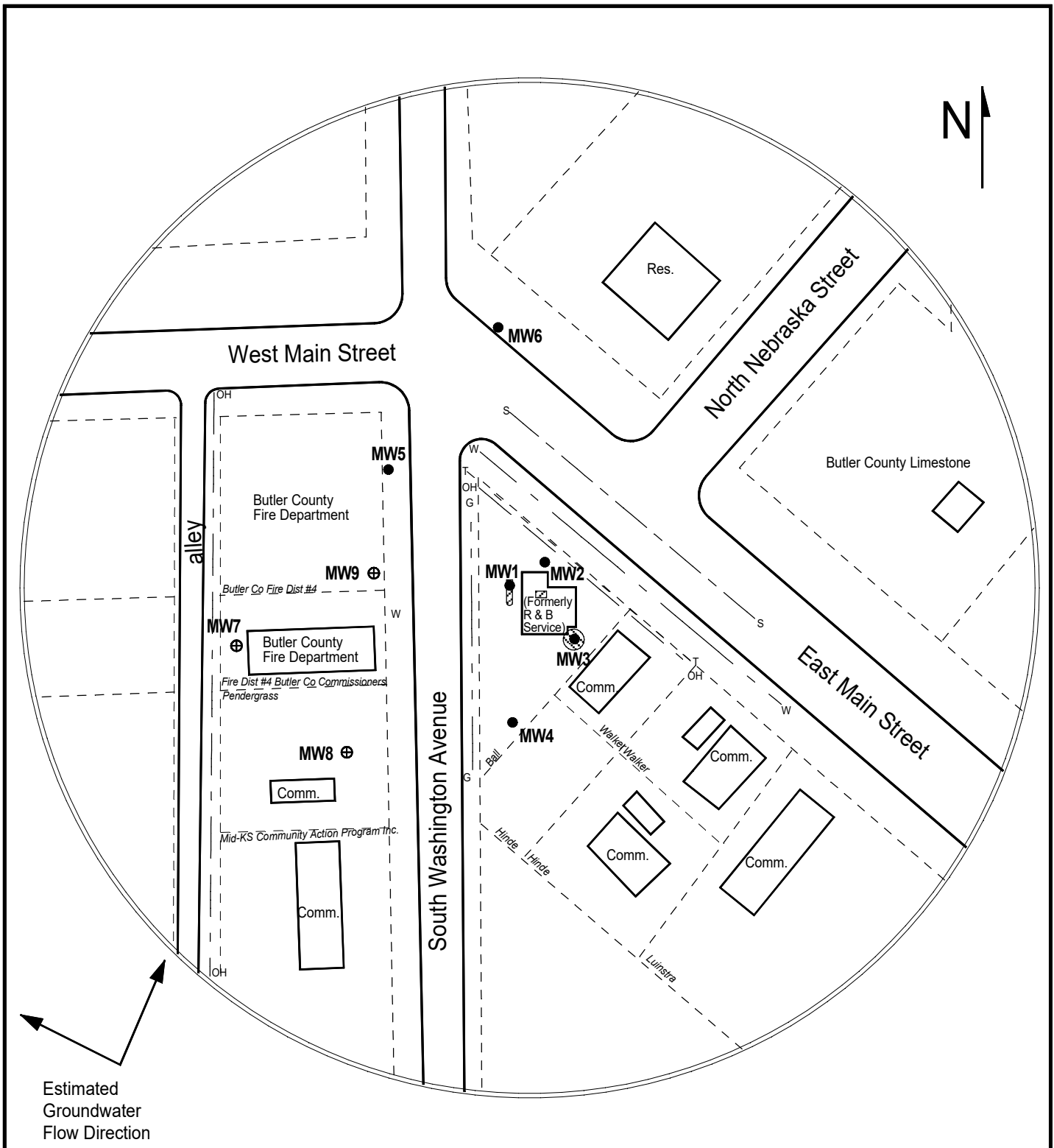


FIGURE 1 - SITE BASE MAP

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. 25th 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 Cassody 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.

