### KOLAR Document ID: 1718770

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

WELL ID\_\_\_\_\_ Change in Well Use

### LOCATION OF WATER WELL

| Latitude | Longitude | Section | Т | Township | F | Range | E<br>W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|---|----------|---|-------|--------|----------|-----|-----|-----|
| Datum    | Elevation | County  |   |          |   |       |        |          |     |     |     |

### WATER WELL OWNER

| Name                  |  |  |  |  |
|-----------------------|--|--|--|--|
| Business              |  |  |  |  |
| Address               |  |  |  |  |
| Well location         |  |  |  |  |
| at owner's<br>address |  |  |  |  |
| CONCEPTION            |  |  |  |  |

#### CONSTRUCTION

| Borehole interval:                    |           | Borehole    | diameter: |  |  |  |
|---------------------------------------|-----------|-------------|-----------|--|--|--|
| fromto                                | _ ft.     | _           | in.       |  |  |  |
| fromto                                | _ ft.     | _           | in.       |  |  |  |
| Casing height above land surface:i    |           |             |           |  |  |  |
| If casing height is has a variance be |           |             | Yes No    |  |  |  |
| *variance not rec<br>or environment   | •         |             | 0         |  |  |  |
| Casing type:                          |           |             |           |  |  |  |
| Blank casing interval                 | l:        | ft. to      | ft.       |  |  |  |
| Blank casing diamete                  | er:       | in.         |           |  |  |  |
| Casing joints:                        |           |             |           |  |  |  |
| Weight:                               | lbs       | /ft.        |           |  |  |  |
| Wall thickness or                     | r gauge i | no.:        |           |  |  |  |
| Blank casing interval                 | l:        | ft. to      | ft.       |  |  |  |
| Blank casing diamete                  | er:       | in.         |           |  |  |  |
| Casing joints:                        |           |             |           |  |  |  |
|                                       | lbs       |             |           |  |  |  |
| Wall thickness or                     |           |             |           |  |  |  |
| Grout interval:                       | ft. to    | ft.         |           |  |  |  |
| Grout material:                       |           |             | _         |  |  |  |
| Grout interval:                       | ft. to    | ft.         |           |  |  |  |
| Grout material:                       |           |             | _         |  |  |  |
|                                       |           |             |           |  |  |  |
| Screen / perforation                  | material  | :           |           |  |  |  |
| Screen / perforation                  | opening   | gs:         |           |  |  |  |
| Screen / perforation i                | intervals | :           |           |  |  |  |
| Fromft. to                            |           | _ft.        |           |  |  |  |
| Slot size                             | unit      |             |           |  |  |  |
| From ft. to                           |           | _ft.        |           |  |  |  |
| Slot size                             | unit      |             |           |  |  |  |
| Gravel pack intervals                 | s:        |             |           |  |  |  |
| Gravel pack not u                     | ised:     | Gravel size | e in      |  |  |  |
| From ft.                              |           |             |           |  |  |  |
| Gravel pack not u                     |           |             | ein       |  |  |  |
| From ft.                              |           |             |           |  |  |  |

|   | County  |           |             |      |       |  |  |
|---|---|-----------|-------------|------|-------|--|--|
| WELL WATER USE                                |   |           |             |      |       |  |  |
|   |   |           |             |      |       |  |  |
| сом   | PLETION                                       |           |             |      |       |  |  |
| Dep   | th of comp                                    | leted wel | l:          |      | ft.   |  |  |
| Dep   | th(s) grou                                    | ndwater e | ncounter    | red: |       |  |  |
| (1)_  | ft.;  | (2)       | ft.;        |      |       |  |  |
| (3) _   | ft.;  | (4)       | dry well    |      |       |  |  |
| Stati   | Static water level in well: ft.               |           |             |      |       |  |  |
|   | measured below land surface<br>on (mm/dd/yy): |           |             |      |       |  |  |
| measured above land surface<br>on (mm/dd/yy): |   |           |             |      |       |  |  |
| Estir   | nated yield                                   | l:        | _gpm        |      |       |  |  |
| Wate  | er level wa                                   | s:        | _ ft. after | ·    | hours |  |  |
|   |   | 1         | pumping     |      | gpm   |  |  |
| Pum   | p installed                                   | ? Yes     | No          |      |       |  |  |
| Wate  | er well disi                                  | nfected?  | Yes         | No   |       |  |  |
| Date disinfected (mm/dd/yy):                  |   |           |             |      |       |  |  |

| NEAREST SOURCE                     | OF POTENTIAL CONTAMINATIO |
|------------------------------------|---------------------------|
| Source:                            |                           |
| Distance<br>from well:             | Direction<br>from well:   |
| Source<br>description:             |                           |
| Source:                            |                           |
| Distance<br>from well:             | Direction<br>from well:   |
| Source<br>description:             |                           |
| No potential so<br>within 100 feet | ource of contamination    |
| PERMIT & ID NUM                    | BERS (AS REQUIRED)        |
| DWR Application                    | No.:                      |
| KDHE / EPA Proje                   | ect Code:                 |
| Site Name:                         |                           |
| KDHE UIC Class                     | V Form Completed: Yes No  |
| County Permit:                     | Yes No Permit ID:         |
| Lease Name & We                    | 11 #:                     |

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

## Aquifer, if known:

### LITHOLOGIC LOG

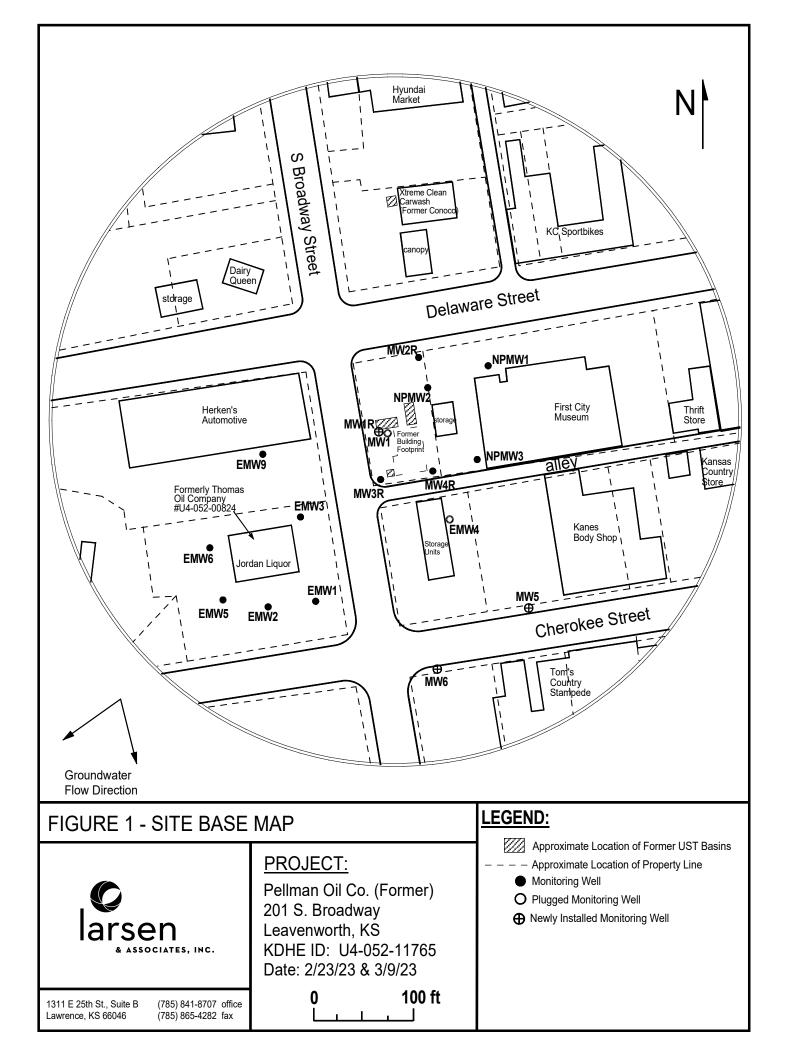
| то | LITHOLOGY INTERVALS |
|----|---------------------|
|    |                     |
|    |                     |
|    |                     |
|    |                     |
|    |                     |
|    |                     |
|    | то                  |

#### COMMENTS

### CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| This water well was constructed       | reconstructed          | pursuant to the stated water well                   |
|---------------------------------------|------------------------|---|
| contractor's license and was complete | ed on                  | . I certify that this record is true to             |
| the best of my knowledge and belief.  | This water well rec    | ord was completed on                                |
| under the business name of            |                        |   |
| Kansas Water Well Contractor's Lice   | nse No                 | under the authority of the designated               |
| person as defined in K.A.R. 28-30-2(  | j) and signed and c    | ertified by the electronic signature of the         |
| designated person at its submittal:   |                        | ·   |
| Send one copy to WATER WELL OWNER     | and retain one for you | r records. Fee of \$5.00 for each constructed well. |
| KANSAS DEPAR                          | TMENT OF HEALTH        | AND ENVIRONMENT                                     |

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c



## 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 Topeka, Kansas 66046

RE: Monitor Well Elevation Survey 201 S. Broadway, Leavenworth Kansas March 27, 2023

Proj. 23-00J Pellman Oil Co. (Former) KDHE ID U4-052-11765

Bench Mark: Chisled Sq. on SE corner of concrete sign base at Northeast corner of property.Elev.: 783.80North 5097West 785(from SE Cor. Sec. 35-8-22E)

| MW-1R  | rim      | 781.57 | North 5024 | NE1/4,NW1/4,NE1/4,NE1/4        |
|--------|----------|--------|------------|--------------------------------|
|        | top pipe | 781.02 | West 811   | Lat = 39.31697 Long = 94.92096 |
| MW-2R  | rim      | 783.01 | North 5091 | NE1/4,NW1/4,NE1/4,NE1/4        |
|        | top pipe | 782.69 | West 788   | Lat = 39.31715 Long = 94.92088 |
| MW-3R  | rim      | 781.61 | North 4982 | NE1/4,NW1/4,NE1/4,NE1/4        |
|        | top pipe | 781.29 | West 814   | Lat = 39.31685 Long = 94.92097 |
| MW-4R  | rim      | 780.62 | North 4978 | NE1/4,NW/4,NE1/4,NE1/4         |
|        | top pipe | 780.34 | West 765   | Lat = 39.31684 Long = 94.92080 |
| MW-5   | rim      | 779.51 | North 4842 | SE1/4,NW1/4,NE1/4,NE1/4        |
|        | top pipe | 779.26 | West 693   | Lat = 39.31646 Long = 94.92054 |
| MW-6   | rim      | 780.04 | North 4780 | SE1/4,NW1/4,NE1/4,NE1/4        |
|        | top pipe | 779.80 | West 758   | Lat = 39.31630 Long = 94.92078 |
| NPMW-1 | rim      | 784.44 | North 5105 | NE1/4,NW1/4,NE1/4,NE1/4        |
|        | top pipe | 784.04 | West 784   | Lat = 39.31719 Long = 94.92058 |
| NPMW-2 | rim      | 782.92 | North 5061 | NE1/4,NW/4,NE1/4,NE1/4         |
|        | top pipe | 782.54 | West 769   | Lat = 39.31707 Long = 94.92081 |
| NPMW-3 | rim      | 780.50 | North 5003 | NE1/4,NW1/4,NE1/4,NE1/4        |
|        | top pipe | 780.21 | West 729   | Lat = 39.31691 Long = 94.92067 |

Lat & Long derived from Leavenworth 7.5' quad map. WGS84.

Elevation derived from existing project. NAVD 88.

If you have all ways stions, please feel free to call me. Thank you for the opportunity to be

