

**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: _____.
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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.

NOTE: Figures exhibited within this report are only to be used within the context of this report. Placement of property lines, wells, structures, and roads is based on the available information from county appraiser maps, surveys, site visits, and/or previous vendor reports and should be considered approximate.

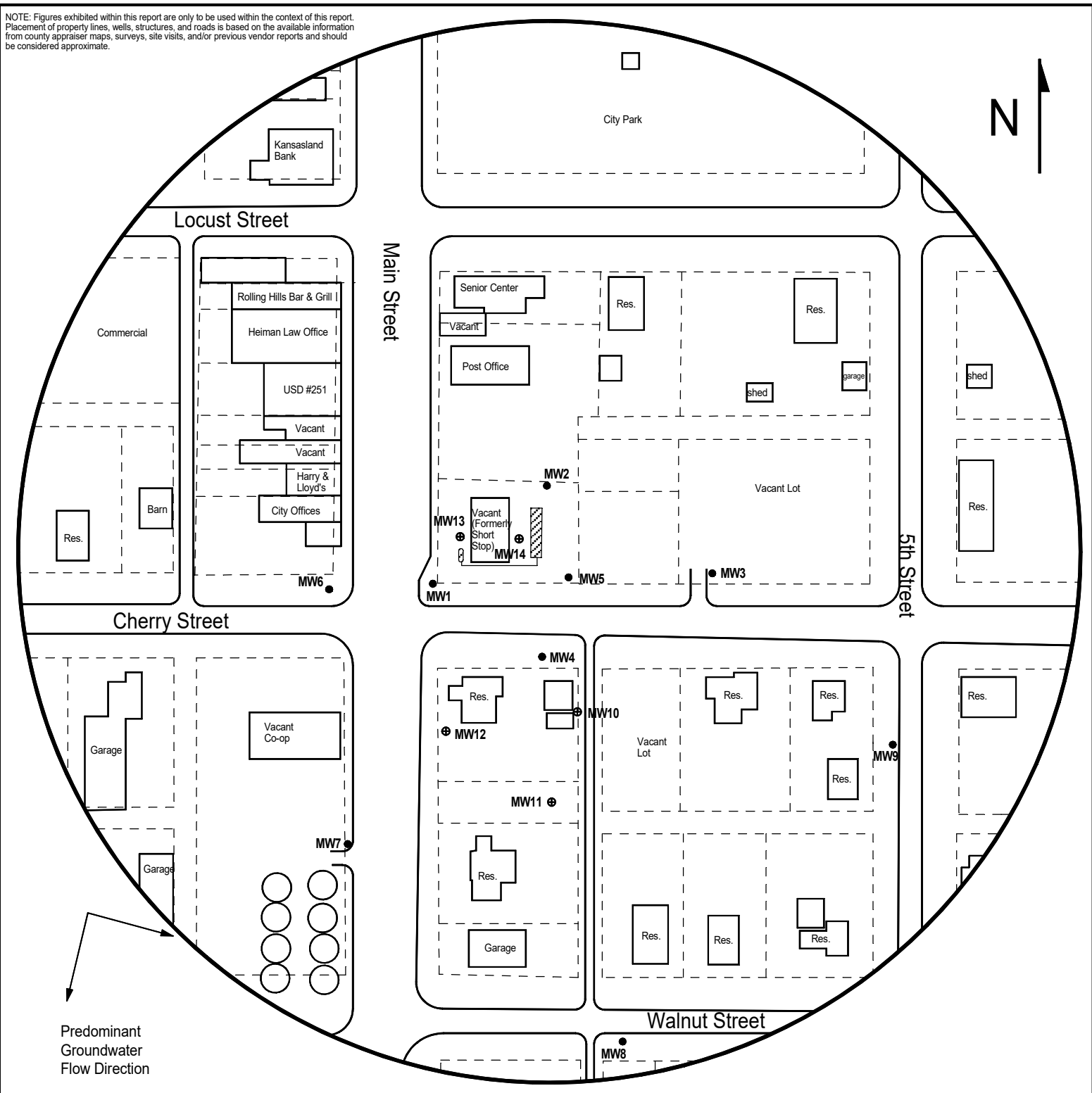


FIGURE 1 - 500 FT RADIUS AREA BASE MAP

**LEGEND**

- Approximate Location of Former AST Basin, Product Line and Pump Island
- Approximate Location of Property Line
- Monitoring Well
- Newly Installed Monitoring Well



**PROJECT:**

Short Stop  
 601 N. Main  
 Americus, KS  
 KDHE ID: A3-056-40140  
 Date: 8/10-11/23

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

Jessica Chapman  
Larsen & Associates  
1311 E. 25<sup>th</sup> Street, Suite B  
Lawrence, Kansas, 66046

August 30, 2023

RE: Monitor Well Elevation Survey  
601 N. Main St., Americus, Kansas

Proj. 23-00BB  
Short Stop  
A3-056-40140

Bench Mark: Chisled Sq. on top Southwest corner of sidewalk at Southwest corner of building.  
Elev: 1157.03      North 5046      West 5326      (from SE Cor. Sec. 12-18-10E)

MW-7	rim	1158.99	North	4788	SE1/4,NE1/4,NE1/4,NE1/4 (Sec. 11-18-10E)
	top pipe	1158.33	West	5441	Lat= 38.50531    Long = 96.26235
MW-8	rim	1158.61	North	4603	NW1/4,SW1/4,NW1/4,NW1/4
	top pipe	1158.37	West	5178	Lat= 38.50478    Long = 96.26145
MW-9	rim	1158.66	North	4891	SE1/4,NW1/4,NW1/4,NW1/4
	top pipe	1158.19	West	4924	Lat= 38.50555    Long = 96.26053
MW-10	rim	1159.38	North	4913	SW1/4,NW1/4,NW1/4,NW1/4
	top pipe	1159.05	West	5221	Lat= 38.50563    Long = 96.26157
MW-11	rim	1159.25	North	4814	SW1/4,NW1/4,NW1/4,NW1/4
	top pipe	1158.87	West	5250	Lat= 38.50537    Long = 96.26168
MW-12	rim	1159.82	North	4894	SW1/4,NW1/4,NW1/4,NW1/4
	top pipe	1159.38	West	5350	Lat= 38.50560    Long = 96.26202
MW-13	rim	1156.63	North	5072	NW1/4,NW1/4,NW1/4,NW1/4
	top pipe	1156.24	West	5334	Lat= 38.50608    Long = 96.26194
MW-14	rim	1157.17	North	5066	NW1/4,NW1/4,NW1/4,NW1/4
	top pipe	1156.70	West	5276	Lat= 38.50606    Long = 96.26174

Lat & Long derived from Americus 7.5' quad map. WGS 84.

Elevation established from existing project.

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

