

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

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

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.

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.

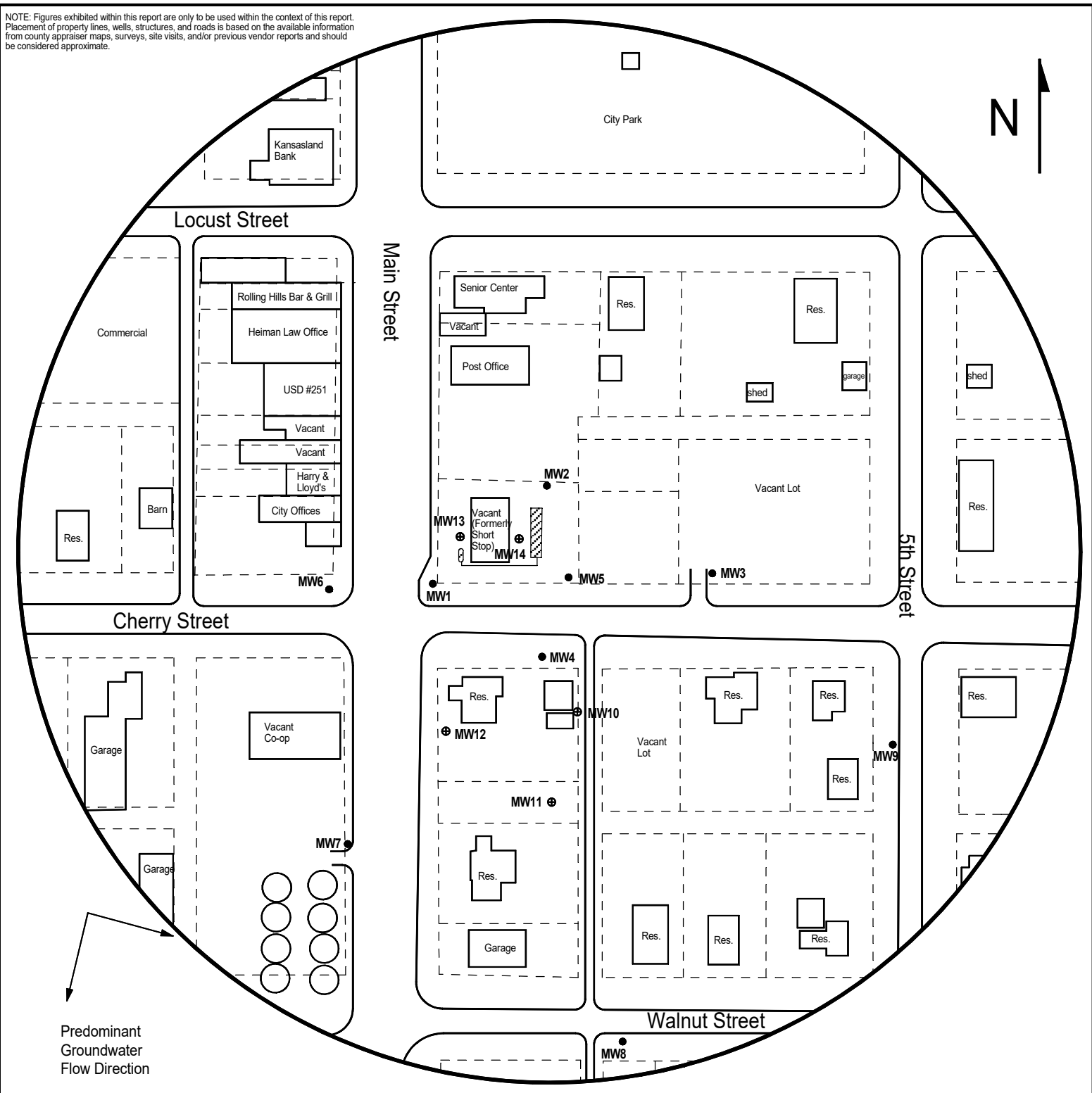






FIGURE 1 - 500 FT RADIUS AREA BASE MAP

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. 25th 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.

