

**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.

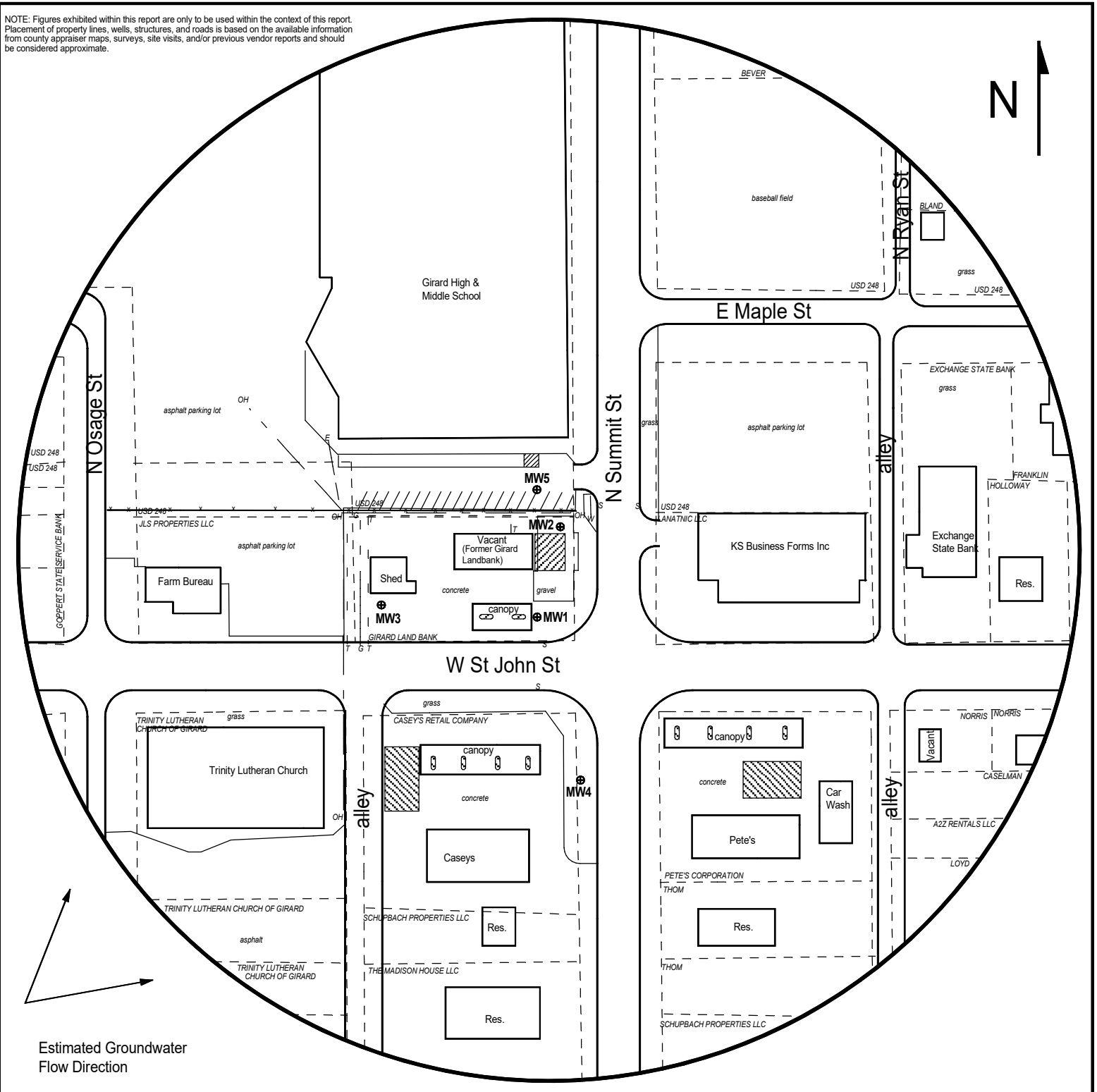


FIGURE 2 - 500 FT RADIUS AREA BASE MAP

**LEGEND:**

- Approximate Location of Former UST Basin and Pump Island
- Approximate Location of Active UST Basin and Pump Island
- Newly Installed Monitoring Well

- OH ——— Overhead Lines (25-40 ft high)
- S ——— Sewer (2 - 6 ft BGS)
- W ——— Water (2 - 6 ft BGS)
- E ——— Electric (2 - 6 ft BGS)
- T ——— Telephone (2 - 6 ft BGS)
- G ——— Gas (2 - 6 ft BGS)

NOTE: SB5 and SB6 will be drilled to collect hydrologic samples.  
NOTE: Utility depths, heights and locations are approximate.

**PROJECT:**

Girard Landbank  
100 W St. John  
Girard, KS  
U3-019-15488  
Date: 8/8/23



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

October 10, 2023

RE: Monitor Well Elevation Survey  
100 W. St. John, Girard, Kansas

Proj. 23-00GG  
Girard Landbank  
U3-019-15488

Bench Mark: Chisled Sq. on East edge of the East concrete pump island South of building.  
Elev: 998.52      North 35.11      West 2940.59      (from SE Cor. Sec. 13-29-23E)

MW-1	rim	997.94	North	35.02	SW1/4,SE1/4,SE1/4,SW1/4
	top pipe	997.45	West	2932.35	Lat= 37.51393    Long = 94.84373
MW-2	rim	997.31	North	121.48	SE1/4,SE1/4,SE1/4,SW1/4
	top pipe	996.93	West	2903.09	Lat= 37.51417    Long = 94.84362
MW-3	rim	997.04	North	45.58	SW1/4,SE1/4,SE1/4,SW1/4
	top pipe	996.54	West	3083.81	Lat= 37.51396    Long = 94.84426
MW-4	rim	998.06	South	110.14	NE1/4,NE1/4,NE1/4,NW1/4 (Sec. 24-29-23)
	top pipe	997.76	West	2896.55	Lat= 37.51353    Long = 94.84361
MW-5	rim	997.13	North	151.90	SW1/4,SE1/4,SE1/4,SW1/4
	top pipe	996.72	West	2937.52	Lat= 37.51425    Long = 94.84375

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

Elevation established from NGS BM A 253. NAVD 88.

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

