

**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.

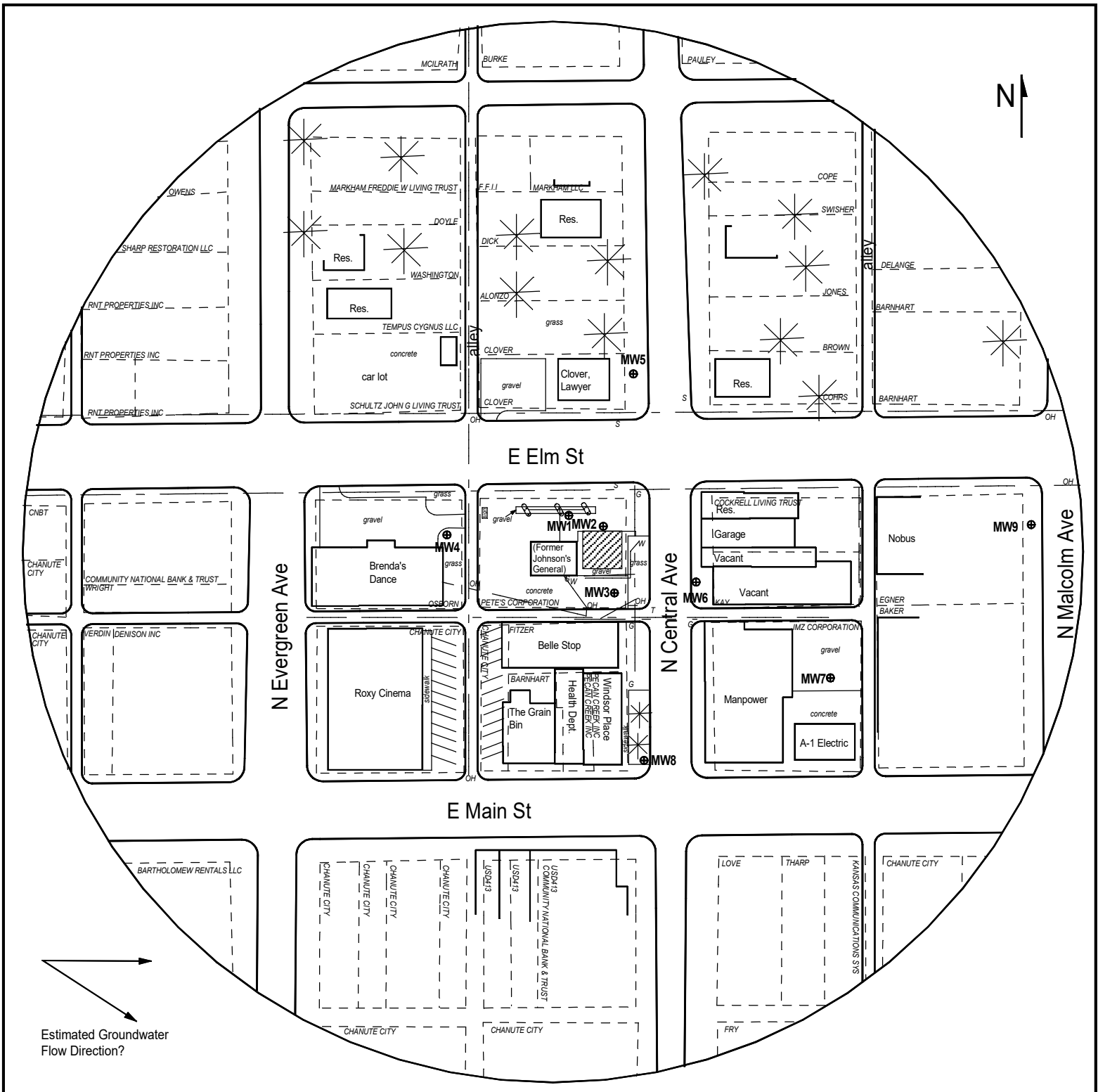


FIGURE 2 - 500 FT RADIUS AREA BASE MAP

**LEGEND:**

- Approximate Location of Former UST Basin, Product Lines, and Pump Island
- Proposed Monitoring Well
- Proposed Soil Boring
- Overhead Lines (25-40 ft high)
- Sanitary (2 - 6 ft BGS)
- Gas (2 - 6 ft BGS)
- Water (2 - 6 ft BGS)
- Telephone (2 - 6 ft BGS)

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



**PROJECT:**

Pete' #49  
319 E Elm St.,  
Chanute, KS  
KDHE ID: U3-067-15467  
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  
Larson & Assoc.  
1311 E. 25<sup>th</sup> St., Suite B  
Lawrence, Kansas, 66046

November 16, 2023

RE: Monitor Well Elevation Survey  
319 E. Elm St., Chanute

Proj. 23-00MM  
Pete' #49  
U3-067-15467

Bench Mark: Rivet & KDOT washer on the SW corner of a concrete sign base SW of the South sign base near the alley.

Elev: 929.98      North 2760.58      West 4185.04      (from SE Cor. Sec. 21-27-18E)

MW-1	rim	927.23	North	2764.64	SE1/4,SE1/4,SW1/4,NW1/4
	top pipe	926.84	West	4105.65	Lat= 37.68254 Long = 95.44831
MW-2	rim	926.06	North	2759.48	SE1/4,SE1/4,SW1/4,NW1/4
	top pipe	925.61	West	4065.85	Lat= 37.68252 Long = 95.44817
MW-3	rim	925.39	North	2695.11	SE1/4,SE1/4,SW1/4,NW1/4
	top pipe	924.99	West	4067.59	Lat= 37.68235 Long = 95.44817
MW-4	rim	932.81	North	2749.28	SE1/4,SE1/4,SW1/4,NW1/4
	top pipe	932.38	West	4215.92	Lat= 37.68249 Long = 95.44869
MW-5	rim	925.46	North	2888.16	NE1/4,SE1/4,SW1/4,NW1/4
	top pipe	925.12	West	4042.77	Lat= 37.68288 Long = 95.44809
MW-6	rim	923.36	North	2708.10	SW1/4,SW1/4,SE1/4,NW1/4
	top pipe	922.99	West	3986.71	Lat= 37.68238 Long = 95.44789
MW-7	rim	923.51	North	2606.38	SW1/4,SW1/4,SE1/4,NW1/4
	top pipe	923.20	West	3848.11	Lat= 37.68211 Long = 95.44741
MW-8	rim	923.47	North	2541.41	SE1/4,SE1/4,SW1/4,NW1/4
	top pipe	923.11	West	4033.25	Lat= 37.68192 Long = 95.44805
MW-9	rim	917.84	North	2744.18	SE1/4,SW1/4,SE1/4,NW1/4
	top pipe	917.18	West	3670.47	Lat= 37.68249 Long = 95.44680

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

Elevation established from NGS BM H 246, NAVD 88.

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, R.L.S.

LS 788

November 16, 2023

TOPEKA, KANSAS

LAND SURVEYOR

