

**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.

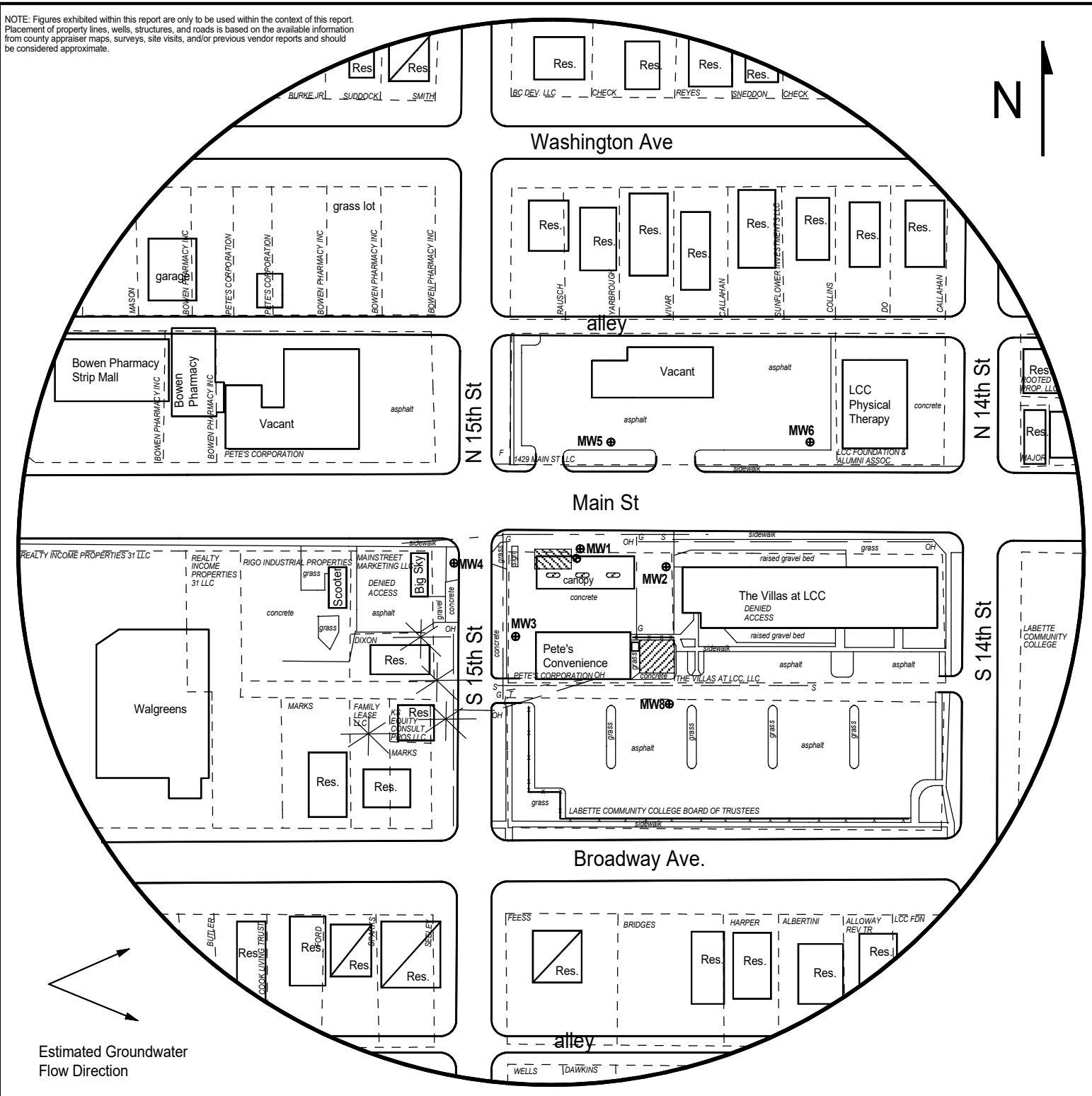


FIGURE 2 - 500 FT RADIUS AREA BASE MAP

**LEGEND:**

- Approximate Location of Active UST Basin and Pump Island
- Approximate Location of Abandoned in Place UST Basin
- Building with Basement
- Observation Well
- Proposed Monitoring Well
- Proposed Soil Boring
- Overhead Lines (25-40 ft high)
- Sanitary Sewer (2 - 6 ft BGS)
- Gas (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:**

Pump 'N Pete's #8  
1430 Main St.,  
Parsons, KS  
KDHE ID: U3-050-15538  
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

November 9, 2022  
Revised November 28, 2023

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

RE: Monitor Well Elevation Survey  
1430 Main, Parsons, Kansas

Proj. 23-00KK  
Pump 'N Pete's #8  
KDHE ID U3-050-15538

Bench Mark: Chisled Sq. on top of NE bolt of North sign base near the Northwest corner of property.

Elev:		North	West	(from SE Cor. Sec. 19-31-20E)
897.25		5337.79	2327.88	
MW-1	rim	896.14	North 5332.09	NE1/4,NW1/4,NW1/4,NE1/4
	top pipe	895.77	West 2271.83	Lat = 37.34036 Long = 95.25729
MW-2	rim	895.49	North 5324.29	NE1/4,NW1/4,NW1/4,NE1/4
	top pipe	895.14	West 2183.28	Lat = 37.34034 Long = 95.25698
MW-3	rim	895.55	North 5250.53	NE1/4,NW1/4,NW1/4,NE1/4
	top pipe	895.07	West 2332.73	Lat = 37.34014 Long = 95.25750
MW-4	rim	897.50	North 5323.12	NW1/4,NW1/4,NW1/4,NE1/4
	top pipe	897.00	West 2382.45	Lat = 37.34034 Long = 95.25767
MW-5	rim	894.97	North 5426.03	SW1/4,SW1/4,SW1/4,SE1/4 (Sec. 18-31-20E)
	top pipe	894.34	West 2237.89	Lat = 37.34062 Long = 95.25717
MW-6	rim	890.76	North 5427.91	SE1/4,SW1/4,SW1/4,SE1/4 (Sec. 18-31-20E)
	top pipe	890.44	West 2067.19	Lat = 37.34062 Long = 95.25658
MW-8	rim	895.07	North 5196.88	NE1/4,NW1/4,NW1/4,NE1/4
	top pipe	894.52	West 2187.44	Lat = 37.33999 Long = 95.25700

Elevation derived from NGS BM Z 54 RESET. NAVD 88

Lat & Long derived from Parsons West. 7.5 Quad Map WGS84

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

