

**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

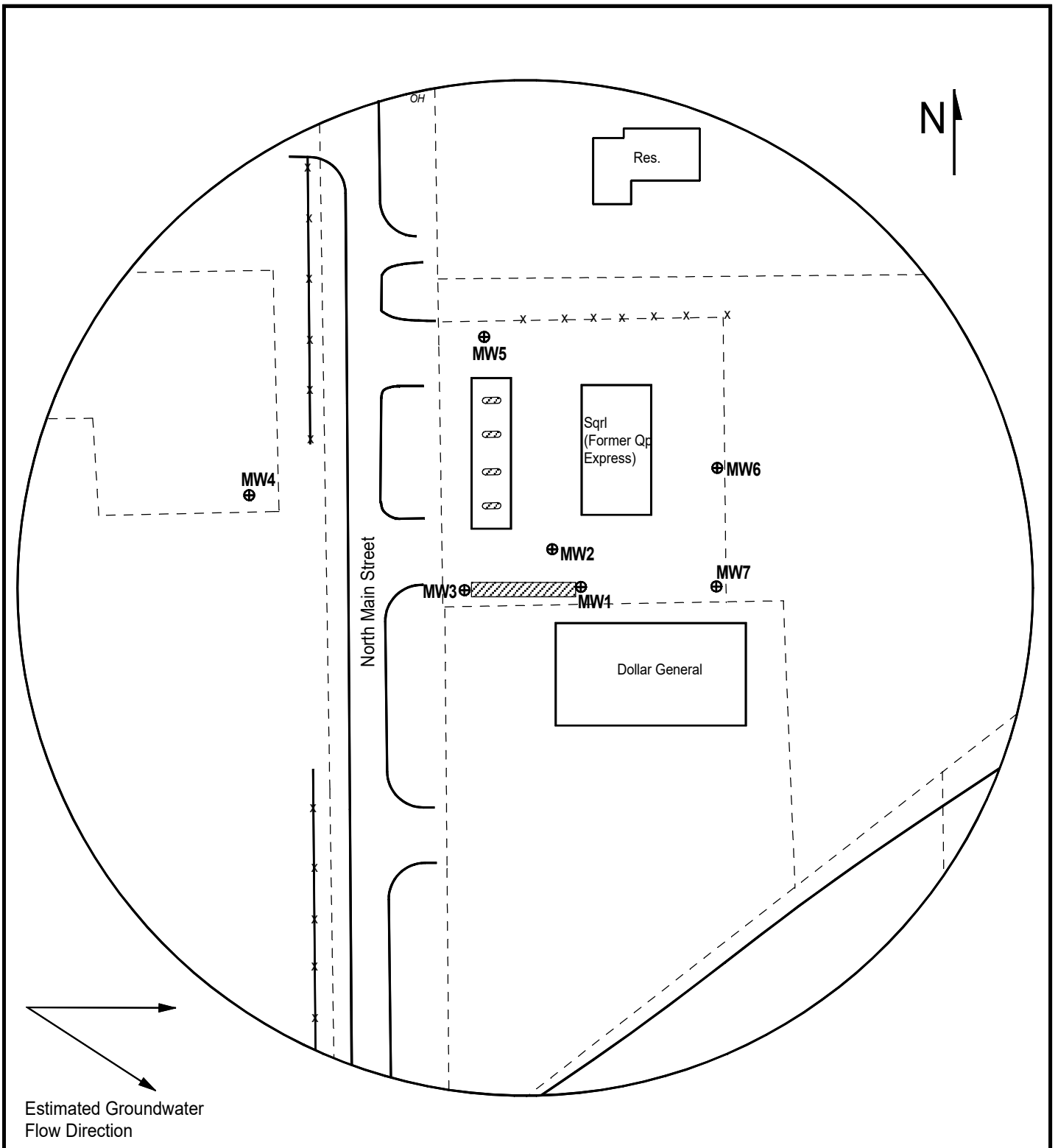
**COMMENTS**

\_\_\_\_\_

**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.



Estimated Groundwater  
Flow Direction

**FIGURE 3 - 350 FT RADIUS AREA BASE MAP**

**LEGEND:**

- Approximate Location of Active UST Basin and Pump Islands
- New Monitoring Well (Installed 11/13-16/23)
- Soil Boring (Drilled 11/15/23)
- Overhead Lines
- Electric Lines (2 - 6 ft BGS)
- Telephone Lines (2 - 6 ft BGS)
- Sewer Manhole



**PROJECT:**

QP Express 102  
1110 North Main  
Cheney, KS  
KDHE ID: U2-087-15349  
Date: 11/16/23



1311 E 25th St., Suite B (785) 841-8707 office  
Lawrence, KS 66046 (785) 865-4282 fax

NOTE: Utility depths and locations are approximate.

# 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

December 8, 2023

RE: Monitor Well Elevation Survey  
1110 N. Main St., Cheney, Kansas

Proj. 23-00NN  
QP Express 102  
U2-087-15349

Bench Mark: Chisled Sq. on the South center of concrete light base North of the gas pumps.  
Elev: 1379.02      North 2408.29      West 2576.63      (from SE Cor. Sec. 5-28-4W)

MW-1	rim	1377.94	North	2219.27	SW1/4,NW1/4,NW1/4,SE1/4
	top pipe	1377.48	West	2494.70	Lat= 37.63893    Long = 97.78039
MW-2	rim	1377.63	North	2245.40	SW1/4,NW1/4,NW1/4,SE1/4
	top pipe	1377.26	West	2511.57	Lat= 37.63900    Long = 97.78045
MW-3	rim	1377.31	North	2216.29	SW1/4,NW1/4,NW1/4,SE1/4
	top pipe	1376.98	West	2571.15	Lat= 37.63892    Long = 97.78065
MW-4	rim	1377.06	North	2284.11	SE1/4,NE1/4,NE1/4,SW1/4
	top pipe	1376.83	West	2720.05	Lat= 37.63910    Long = 97.78117
MW-5	rim	1377.86	North	2395.86	NW1/4,NW1/4,NW1/4,SE1/4
	top pipe	1377.59	West	2571.66	Lat= 37.63941    Long = 97.78066
MW-6	rim	1375.99	North	2258.02	SW1/4,NW1/4,NW1/4,SE1/4
	top pipe	1375.57	West	2430.73	Lat= 37.63904    Long = 97.78017
MW-7	rim	1375.63	North	2215.30	SW1/4,NW1/4,NW1/4,SE1/4
	top pipe	1375.23	West	2418.42	Lat= 37.63892    Long = 97.78013

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

Elevation established from existing USGS BM Y-312 1956. NAVD 88

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

