

**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**

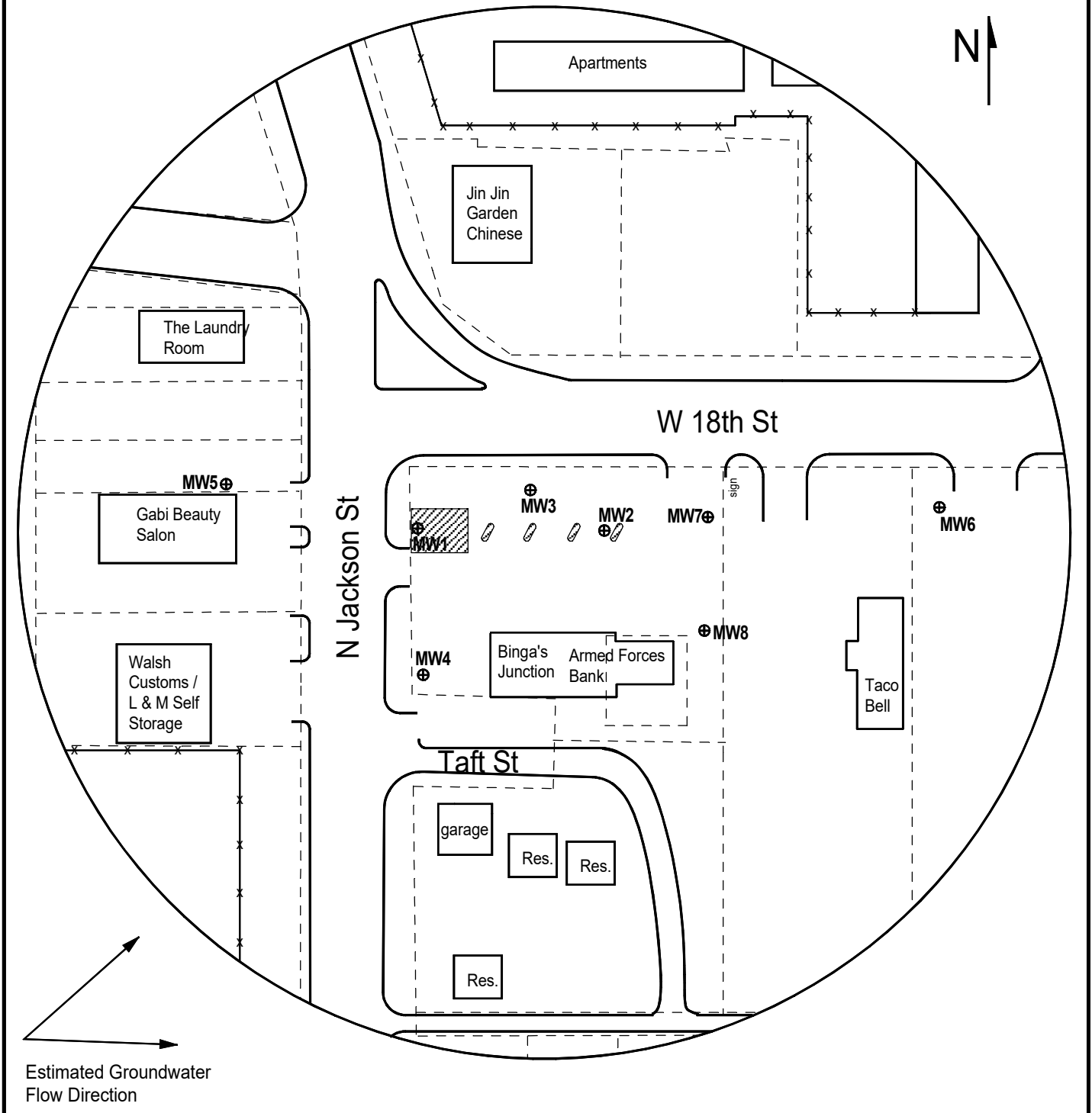
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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

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 3 - 350 FT RADIUS AREA BASE MAP**

**LEGEND:**

- Approximate Location of Former UST Basin and Pump Island
- New Monitoring Well (Drilled 12/18-21/23)
- Proposed Soil Boring

- Overhead Lines (25-40 ft high)
- Sewer (2 - 6 ft BGS)
- Gas (2 - 6 ft BGS)

NOTE: Utility depths and locations are approximate.



**PROJECT:**

Bramlage Properties  
 431 W 18th St.,  
 Junction City, KS  
 KDHE ID: U5-031-15519  
 Date: 12/21/23



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

January 9, 2024

RE: Monitor Well Elevation Survey  
431 W. 18<sup>th</sup> St., Junction City, Kansas

Proj. 24-00A  
Bramlage Properties  
KDHE ID U5-031-15519

Bench Mark: Chisled Square on Northeast corner of storm inlet West of the Northwest corner of property.

Elev: 1082.65      North 4258.02      West 552.68      (from SE Cor. Sec. 2-12-5E)

MW-1	rim	1082.72	North	4229.81	NW1/4,SE1/4,NE1/4,NE/14
	top pipe	1082.39	West	540.34	Lat= 39.04142    Long = 96.83711
MW-2	rim	1082.92	North	4232.40	NW1/4,SE1/4,NE1/4,NE/14
	top pipe	1082.57	West	414.98	Lat= 39.04142    Long = 96.83667
MW-3	rim	1082.38	North	4258.43	NW1/4,SE1/4,NE1/4,NE/14
	top pipe	1082.06	West	472.76	Lat= 39.04149    Long = 96.83687
MW-4	rim	1083.39	North	4131.65	NW1/4,SE1/4,NE1/4,NE/14
	top pipe	1083.15	West	539.67	Lat= 39.04115    Long = 96.83711
MW-5	rim	1082.98	North	4264.58	NE1/4,SW1/4,NE1/4,NE/14
	top pipe	1082.67	West	671.43	Lat= 39.04151    Long = 96.83757
MW-6	rim	1080.75	North	4246.98	NE1/4,SE1/4,NE1/4,NE/14
	top pipe	1080.42	West	193.41	Lat= 39.04147    Long = 96.83589
MW-7	rim	1083.02	North	4230.78	NW1/4,SE1/4,NE1/4,NE/14
	top pipe	1082.53	West	352.86	Lat= 39.04142    Long = 96.83645
MW-8	rim	1083.56	North	4165.84	NW1/4,SE1/4,NE1/4,NE/14
	top pipe	1083.19	West	356.17	Lat= 39.04124    Long = 96.83646

Elevation derived from NGS BM A 1, NAVD88.

Lat & Long derived from Junction City 7.5 Quad Map NAVD 29.

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 RLS

