

**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.

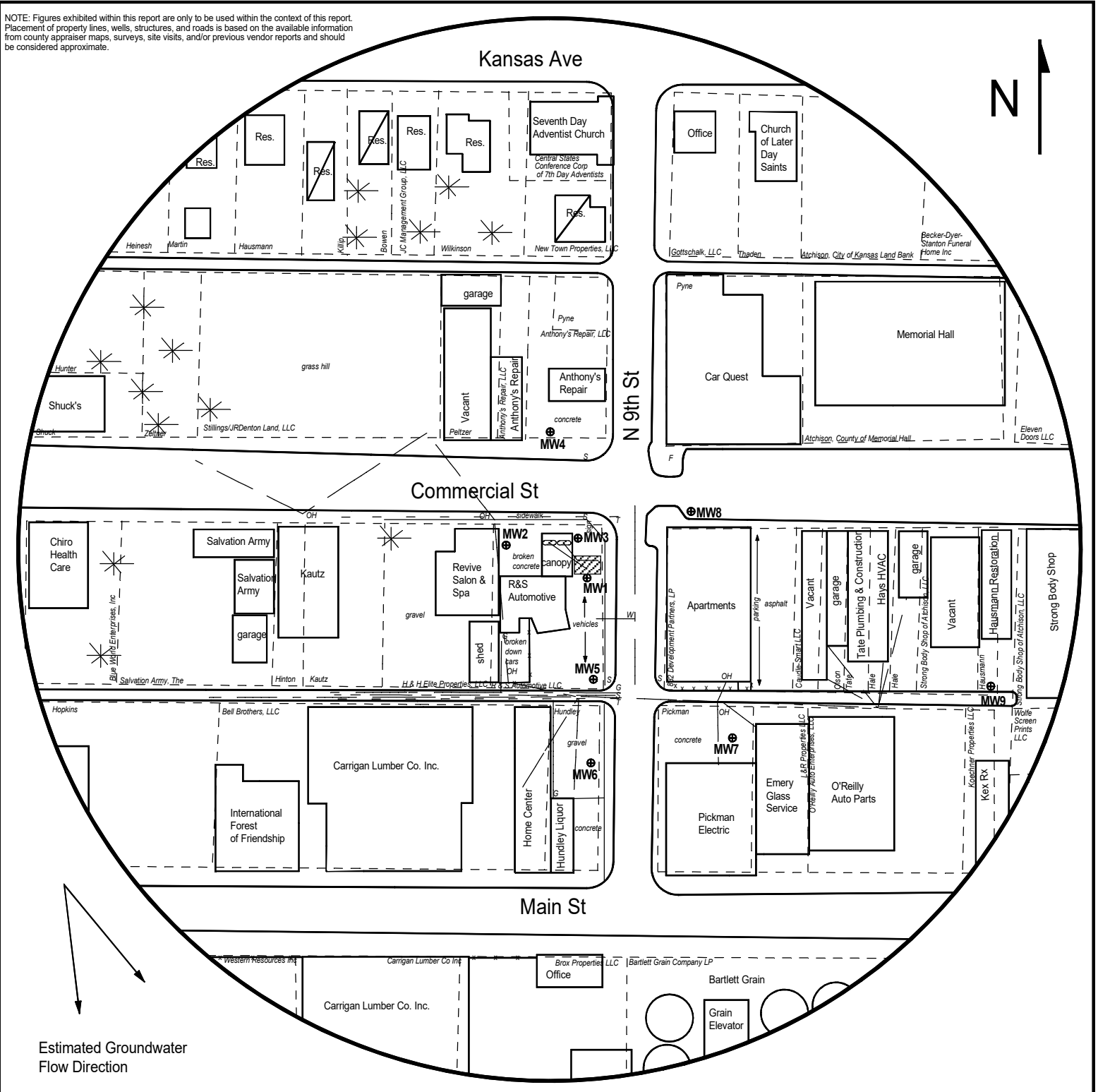


FIGURE 2 - 500 FT RADIUS AREA BASE MAP

**LEGEND:**

- Approximate Location of Former UST Basin, Product Lines, and Pump Island
- Building with Basement
- Proposed Monitoring Well
- Proposed Soil Boring

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

NOTE: Utility depths, heights and locations are approximate.

**PROJECT:**

R & S Automotive  
 900 Commercial St.,  
 Atchison, KS  
 KDHE ID: U4-003-15353  
 Date: 10/10/23



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 12, 2024

RE: Monitor Well Elevation Survey  
900 Comercial St., Atchison, Kansas

Proj. 24-00B  
R & S Automotive  
U4-003-15353

Bench Mark: Chisled Sq. on Northeast corner of concrete sign base near the Northeast corner of property.  
Elev: 831.51      North 4513.79      West 544.05      (from SE Cor. Sec. 1-6-20E)

MW-1	rim	831.77	North	4476.03	NW1/4,SE1/4,NE1/4,NE1/4
	top pipe	831.25	West	570.64	Lat= 39.56170 Long = 95.12552
MW-2	rim	832.80	North	4505.38	NW1/4,SE1/4,NE1/4,NE1/4
	top pipe	832.37	West	663.68	Lat= 39.56179 Long = 95.12573
MW-3	rim	832.01	North	4506.91	NW1/4,SE1/4,NE1/4,NE1/4
	top pipe	831.50	West	573.09	Lat= 39.56179 Long = 95.12553
MW-4	rim	832.36	North	4606.98	NW1/4,SE1/4,NE1/4,NE1/4
	top pipe	831.92	West	587.90	Lat= 39.56206 Long = 95.12558
MW-5	rim	829.84	North	4373.35	NW1/4,SE1/4,NE1/4,NE1/4
	top pipe	829.25	West	550.16	Lat= 39.56142 Long = 95.12544
MW-6	rim	829.36	North	4303.39	NW1/4,SE1/4,NE1/4,NE1/4
	top pipe	828.97	West	546.63	Lat= 39.56123 Long = 95.12542
MW-7	rim	828.82	North	4330.83	NW1/4,SE1/4,NE1/4,NE1/4
	top pipe	828.45	West	436.25	Lat= 39.56131 Long = 95.12503
MW-8	rim	830.28	North	4508.31	NW1/4,SE1/4,NE1/4,NE1/4
	top pipe	829.87	West	489.96	Lat= 39.56186 Long = 95.12511
MW-9	rim	827.20	North	4364.25	NE1/4,SE1/4,NE1/4,NE1/4
	top pipe	826.70	West	196.54	Lat= 39.56141 Long = 95.12418

Lat & Long derived existing Atchison West 7.5' quad map. WGS84

Elevation established from NGS BM 270. NAVD 88

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

