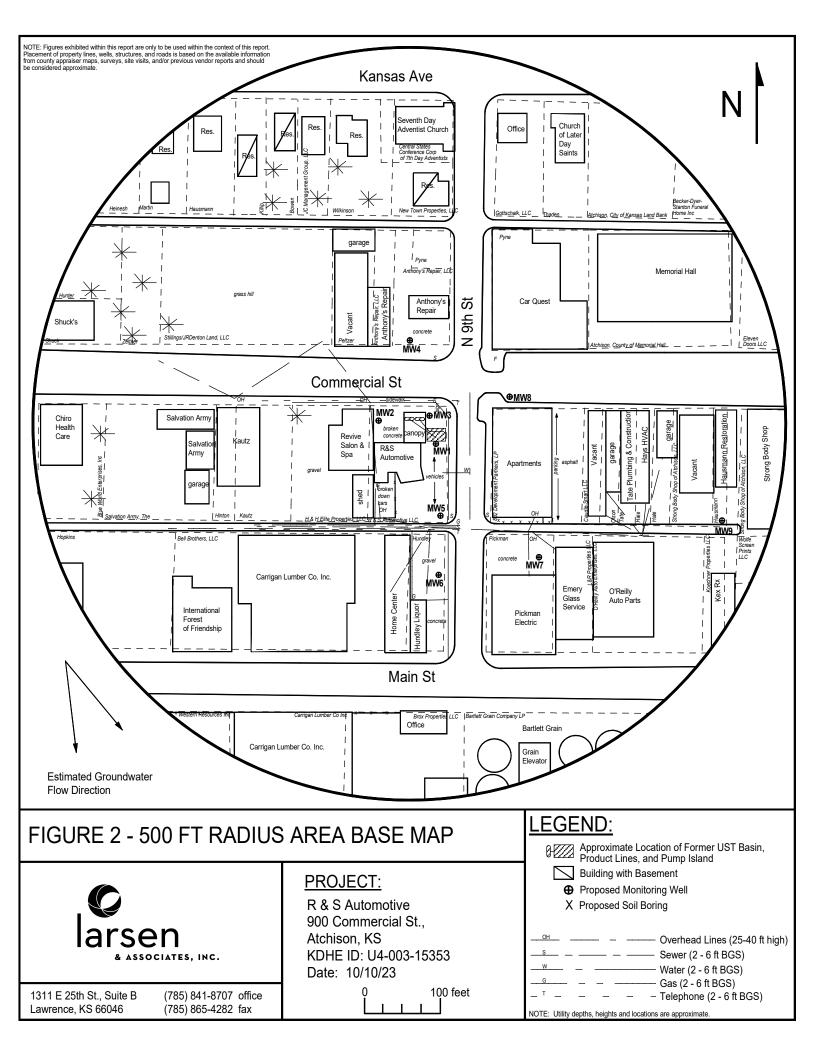
KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

| OCATION OF WATER WELL | | | Original Record Correction Change in N | | | | | | e in Wel | Vell Use |
|---------------------------------------|---------------|----------|--|-------------------|--------------------|--|---|-------------------|-------------|-----------|
| Latitude | Longitude | | | Section | Township | Range | E W Fraction | 1/4 | 1/4 | 1/4 |
| Datum | Elevation | | | County | | | | | | |
| WATER WELL OWNER | | | | WELL WATER USE | | | NEAREST SOURCE OF POTENTIAL CONTAMINATION | | | |
| Name | | | | | | | Source: | | | |
| | | | COMP | LETION | | | Distance | Direction | | |
| Business | | | | LETION | | | from well: | from well | : | |
| Address | | | Depth of completed well:ft. Depth(s) groundwater encountered: | | | | Source description: | | | |
| | | | | (1) ft.; (2) ft.; | | | Source: | | | |
| Well location | | | (3) ft.; (4) dry well | | | | Source: | | | |
| | | | Static water level in well: ft. | | | | from well: from well: | | | |
| at owner's address | | | measured below land surface on (mm/dd/yy): | | | | Source description: | | | |
| CONSTRUCTION | | | m | easured abo | ve land surface | | No potential source within 100 feet. | ce of contamir | nation | |
| Borehole interval: Borehole diameter: | | | on (mm/dd/yy): | | | PERMIT & ID NUMBERS (AS REQUIRED) | | | | |
| fromto ft in. | | | Estimated yield: gpm | | | | FERMIT & ID NOMBERS (AS REQUIRED) | | | |
| fromto ft in. | | | Water level was: ft. afterhours | | | | DWR Application No.: | | | |
| Casing height above land surface: in. | | | pumpinggpm | | | | KDHE / EPA Project Code: | | | |
| If casing height is less than 12 in. | | | Pump installed? Yes No | | | Site Name: | | | | |
| has a variance been approved?* Yes No | | | | | | KDHE UIC Class V Form Completed: Yes N | | | No | |
| *variance not required for monitoring | | | Water well disinfected? Yes No | | | County Permit: Yes No Permit ID: | | | | |
| or environmental remediation wells | | | Date disinfected (mm/dd/yy): | | | Lease Name & Well #: | | | | |
| Casing type:Blank casing interval: | ft to | ft | Aquif | er, if known | : | | # of boreholes: | # of dewater | ing wells: | |
| Blank casing diameter: | | | | LOGIC LOG | | | | | | |
| Casing joints: | | | FRO | | LITHOLOGY | NTERVALS | | | | |
| Weight: lbs/ | | | 110 | 10 | Limozodii | MILITALS | | | | |
| Wall thickness or gauge n | | | | | | | | | | |
| Blank casing interval: | | I | | | | | | | | |
| Blank casing diameter: | | | | | | | | | | |
| Casing joints: | | | | | | | | | | |
| Weight:lbs/ | | | | | | | | | | |
| Wall thickness or gauge n | | | | | | | | | | |
| | | | | | | | | | | |
| Grout interval: ft. to | | | | | | | | | | |
| Grout material: | | | | | | | | | | |
| Grout interval: ft. to | | | COMM | IFNTS | | | | | | |
| Grout material: | | | | ILIVI 3 | | | | | | |
| | | | | | | | | | | |
| Screen / perforation material: | | | | | | | | | | |
| Screen / perforation opening | s: | | CONT | RACTOR'S | OR LANDOWNER | S CERTIFICATION | <u> </u> | | | |
| Screen / perforation intervals: | | | This | water well | was constructe | d reconstru | icted pursuant to | the stated wa | ater well | |
| Fromft. to | | | conti | ractor's lice | ense and was con | npleted on | I certify th | at this record | l is true t | ю |
| Slot size unit _ | | | the b | est of my l | knowledge and b | elief. This water | well record was comple | eted on | | |
| From ft. to | ft. | | | - | _ | | 1 | | | _ |
| Slot size unit _ | | | | | | | under the au | | | , ited |
| Gravel pack intervals: | | | | | | | | · · | _ | |
| Gravel pack not used: | Gravel size _ | in | - | | | - | ed and certified by the | eiectronic sig | nature o | tne |
| From ft. to | _ ft. | | | | son at its submitt | | · | | | |
| Gravel pack not used: | Gravel size | in | Send o | ne copy to V | VATER WELL OW | NER and retain on | e for your records. Fee of | \$5.00 for each o | constructe | d wel |

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c



DENNIS L HANDKE

1820 NW 59th Terrace TOPEKA, KANSAS 66618 785-286-4047 Home

Jess Chapman Larsen & Associates 1311 E. 25th Street, Suite B Lawrence, Kansas, 66046

Elev: 831.51

. MW-7

MW-8

MW-9

rim

rim

rim

top pipe ...

top pipe

top pipe

January 12, 2024

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

North 4513.79

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

(from SE Cor. Sec. 1-6-20E)

NW1/4,SE1/4,NE1/4,NE1/4

NW1/4,SE1/4,NE1/4,NE1/4

NE1/4,SE1/4,NE1/4,NE1/4

Lat= 39.56131 Long = 95.12503

Lat= 39.56186 Long = 95.12511

Lat= 39.56141 Long = 95.12418

4476.03 NW1/4,SE1/4,NE1/4,NE1/4 MW-1 rim 831.77 North West Lat= 39.56170 Long = 95.12552 570.64 831.25 top pipe NW1/4,SE1/4,NE1/4,NE1/4 4505.38 MW-2 rim 832.80 North 663.68 Lat= 39.56179 Long = 95.12573 top pipe 832.37 West NW1/4,SE1/4,NE1/4,NE1/4 4506.91 832.01 North MW-3 rim Lat=39.56179 Long = 95.12553 top pipe 831.50 West 573.09 NW1/4,SE1/4,NE1/4,NE1/4 4606.98 MW-4 rim 832.36 North 587.90 Lat= 39.56206 Long = 95.12558 West top pipe 831.92 4373.35 NW1/4.SE1/4.NE1/4.NE1/4 MW-5 829.84 North rim Lat= 39.56142 Long = 95.12544 829.25 West 550.16 top pipe NW1/4,SE1/4,NE1/4,NE1/4 4303.39 MW-6 rim 829.36 North Lat= 39.56123 Long = 95.12542 top pipe 828.97 West 546.63

> 4330.83 436.25

4508.31

4364.25

196.54

489.96

Bench Mark: Chisled Sq. on Northeast corner of concrete sign base near the Northeast corner of property.

West 544.05

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

North

West

North

West

North

West

Elevation established from NGS BM 270. NAVD 88

828.82

828.45

830.28

829.87

827.20

826.70

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