

**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:	Borehole diameter:
from _____ to _____ ft.	_____ 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.

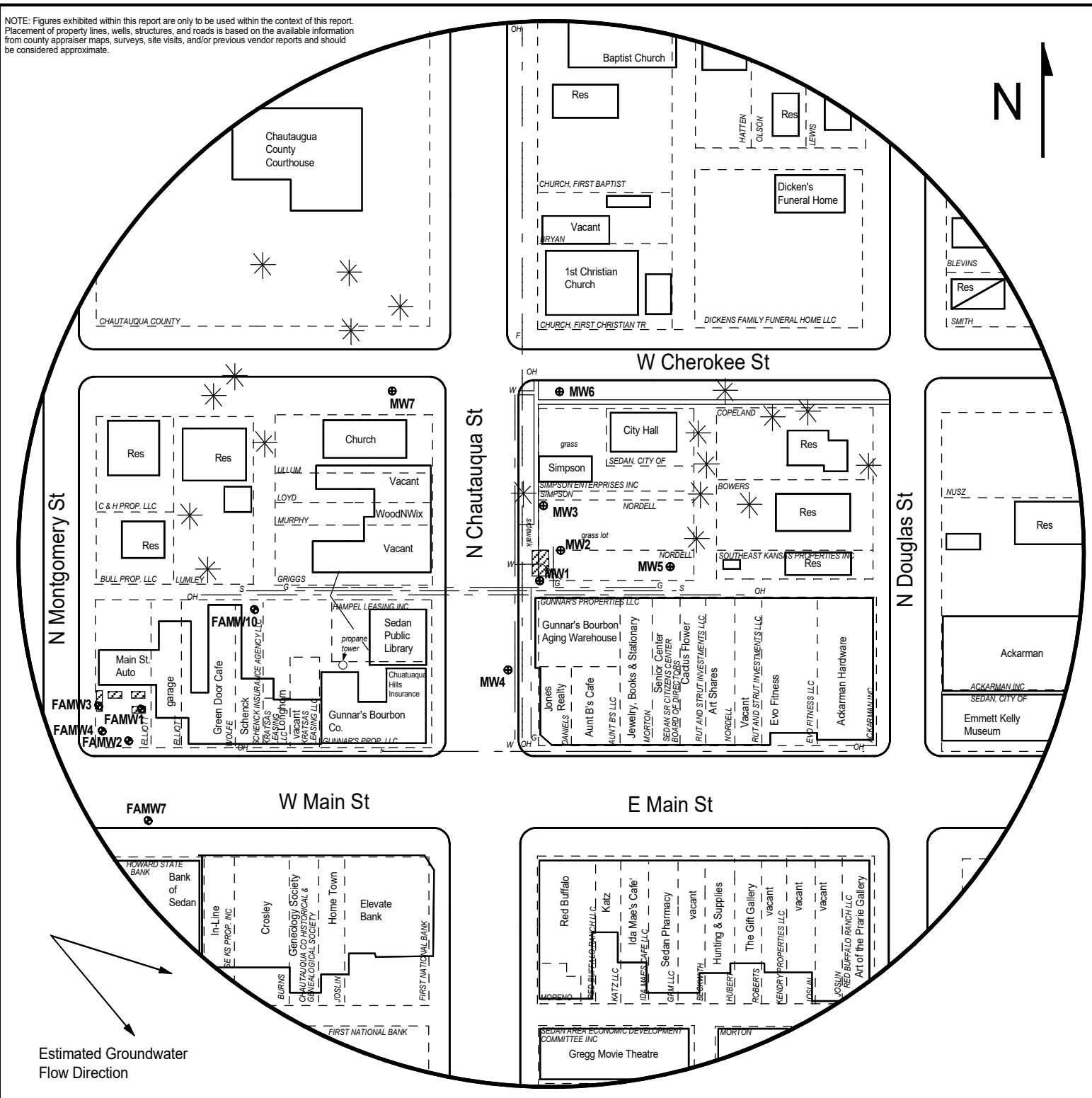











FIGURE 2 - 500 FT RADIUS AREA BASE MAP

**LEGEND:**

-  Approximate Location of Former UST Basin
-  Building with Basement
-  Proposed Monitoring Well
-  Monitoring Well (Former Amoco Sedan)
-  Proposed Soil Boring
-  Overhead Lines (25-40 ft high)
-  Sewer (2 - 6 ft BGS)
-  Gas (2 - 6 ft BGS)
-  Water (2 - 6 ft BGS)

NOTE: SB5 and SB6 will be drilled to collect hydrological samples.  
NOTE: Utility depths, heights and locations are approximate.

**PROJECT:**

120 North Chautauqua Street, Sedan  
120 North Chautauqua Street,  
Sedan, KS  
KDHE ID: U3-010-15342  
Date: 1/23/24



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

# 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

March 23, 2024

RE: Monitor Well Elevation Survey  
120 N. Chautauqua Street, Sedan, Kansas

Proj. 24-000  
120 N. Chautauqua St.  
U3-010-15342

Bench Mark: Chisled Square near the SE corner of concrete sign base North of entrance to the property West of sidewalk.

Elevation: 867.88    North 237.95    West 1492.42                                (from SE Cor. Sec. 34-33-11E)

MW-1	rim	856.86	North	194.04	SE1/4,SE1/4,SW1/4,SE1/4
	top pipe	856.35	West	1483.35	Lat= 37.12743    Long = 96.18666
MW-2	rim	856.58	North	218.34	SE1/4,SE1/4,SW1/4,SE1/4
	top pipe	856.15	West	1461.90	Lat= 37.12750    Long = 96.18659
MW-3	rim	857.91	North	247.64	SE1/4,SE1/4,SW1/4,SE1/4
	top pipe	857.58	West	1480.63	Lat= 37.12758    Long = 96.18666
MW-4	rim	855.42	North	118.35	SE1/4,SE1/4,SW1/4,SE1/4
	top pipe	855.09	West	1507.80	Lat= 37.12722    Long = 96.18675
MW-5	rim	854.39	North	204.59	SE1/4,SE1/4,SW1/4,SE1/4
	top pipe	854.09	West	1376.08	Lat= 37.12746    Long = 96.18630
MW-6	rim	859.75	North	353.15	NE1/4,SE1/4,SW1/4,SE1/4
	top pipe	859.39	West	1473.17	Lat= 37.12787    Long = 96.18663
MW-7	rim	861.09	North	361.30	NE1/4,SE1/4,SW1/4,SE1/4
	top pipe	860.79	West	1612.42	Lat= 37.12789    Long = 96.18711

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

Elevation established from NGS Bench Mark: SEDAN 1938    NAVD 88.

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

March 23, 2024

Larsen & Associates

KANSAS

LAND SURVEYOR