

**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.

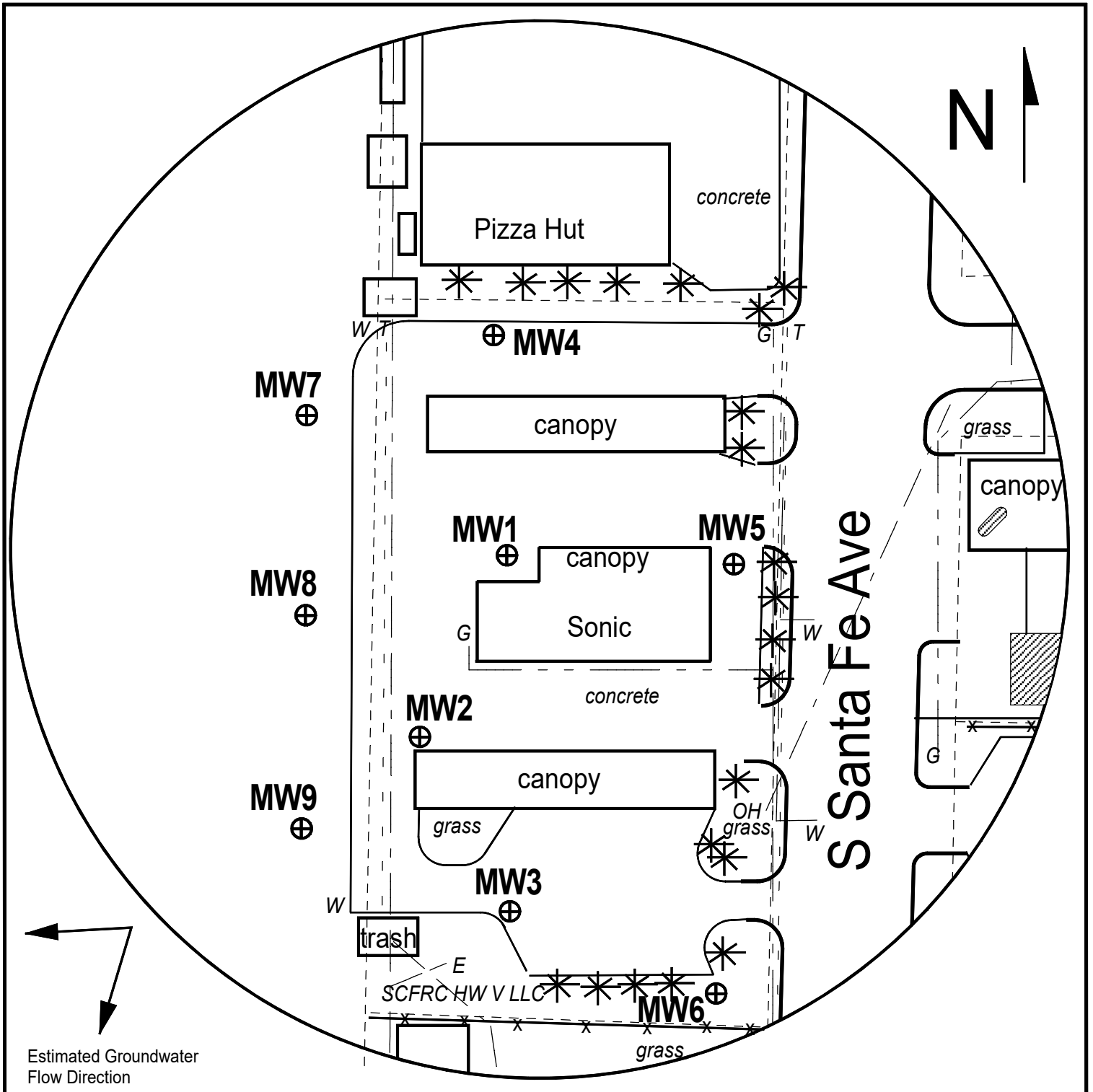


FIGURE 3 - DETAILED SITE BASE MAP



**PROJECT:**

Craig's Vickers Service  
1717 S Santa Fe,  
Chanute, KS  
KDHE ID: U3-067-15601  
Date: 2/7/24



**LEGEND:**

- Approximate Location of Active UST Basin, Product Lines, and Pump Island
- Proposed Monitoring Well
- Proposed Soil Boring
- OH ——— Overhead Lines
- G - - - Gas (2 - 6 ft BGS)
- W - - - Water (2 - 6 ft BGS)
- E - - - Electric (2 - 6 ft BGS)
- T - - - Telephone (2 - 6 ft BGS)

Note: Utility depths and locations are approximate.  
Note: SB5 & SB6 will be drilled to collected hydrologic samples.

# DENNIS L HANDKE

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

Jess Chapman  
Larson & Assoc.  
1311 E. 25<sup>th</sup> St., Suite B  
Lawrence, Kansas, 66046

April 22, 2024

RE: Monitor Well Elevation Survey  
1717 South Santa Fe, Chanute, Kansas

Proj. 24-00R  
Craig's Vickers Service  
U3-067-15601

Bench Mark: Chisled X on top NE bolt of concrete light base East of the trash dumpster enclosure near the SW corner of property.

Elev: 960.19      North 1126.69      West 133.68      (from SE Cor. Sec. 29-27-18E)

MW-1	rim	958.46	North	1269.91	NE1/4,NE1/4,SE1/SE1/4
	top pipe	958.14	West	119.93	Lat= 37.66354 Long = 95.45298
MW-2	rim	958.76	North	1195.96	NE1/4,NE1/4,SE1/4,SE1/4
	top pipe	958.47	West	151.54	Lat= 37.66334 Long = 95.45310
MW-3	rim	957.82	North	1132.46	NE1/4,NE1/4,SE1/4,SE1/4
	top pipe	957.50	West	129.53	Lat= 37.66317 Long = 95.45303
MW-4	rim	959.21	North	1345.68	SE1/4,SE1/4,NE1/4,SE1/4
	top pipe	958.64	West	128.73	Lat= 37.66375 Long = 95.45301
MW-5	rim	958.37	North	1259.51	NE1/4,NE1/4,SE1/4,SE1/4
	top pipe	958.04	West	38.53	Lat= 37.66351 Long = 95.45270
MW-6	rim	957.71	North	1115.14	NE1/4,NE1/4,SE1/4,SE1/4
	top pipe	957.19	West	47.10	Lat= 37.66311 Long = 95.45274
MW-7	rim	956.00	North	1307.46	NE1/4,NE1/4,SE1/4,SE1/4
	top pipe	955.73	West	204.06	Lat= 37.66365 Long = 95.45327
MW-8	rim	954.76	North	1238.74	NE1/4,NE1/4,SE1/4,SE1/4
	top pipe	954.47	West	207.23	Lat= 37.66346 Long = 95.45329
MW-9	rim	954.10	North	1166.66	NE1/4,NE1/4,SE1/4,SE1/4
	top pipe	953.61	West	203.58	Lat= 37.66327 Long = 95.45328

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

Elevation established from NGS BM H 246, NAVD 88.

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

