

**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.

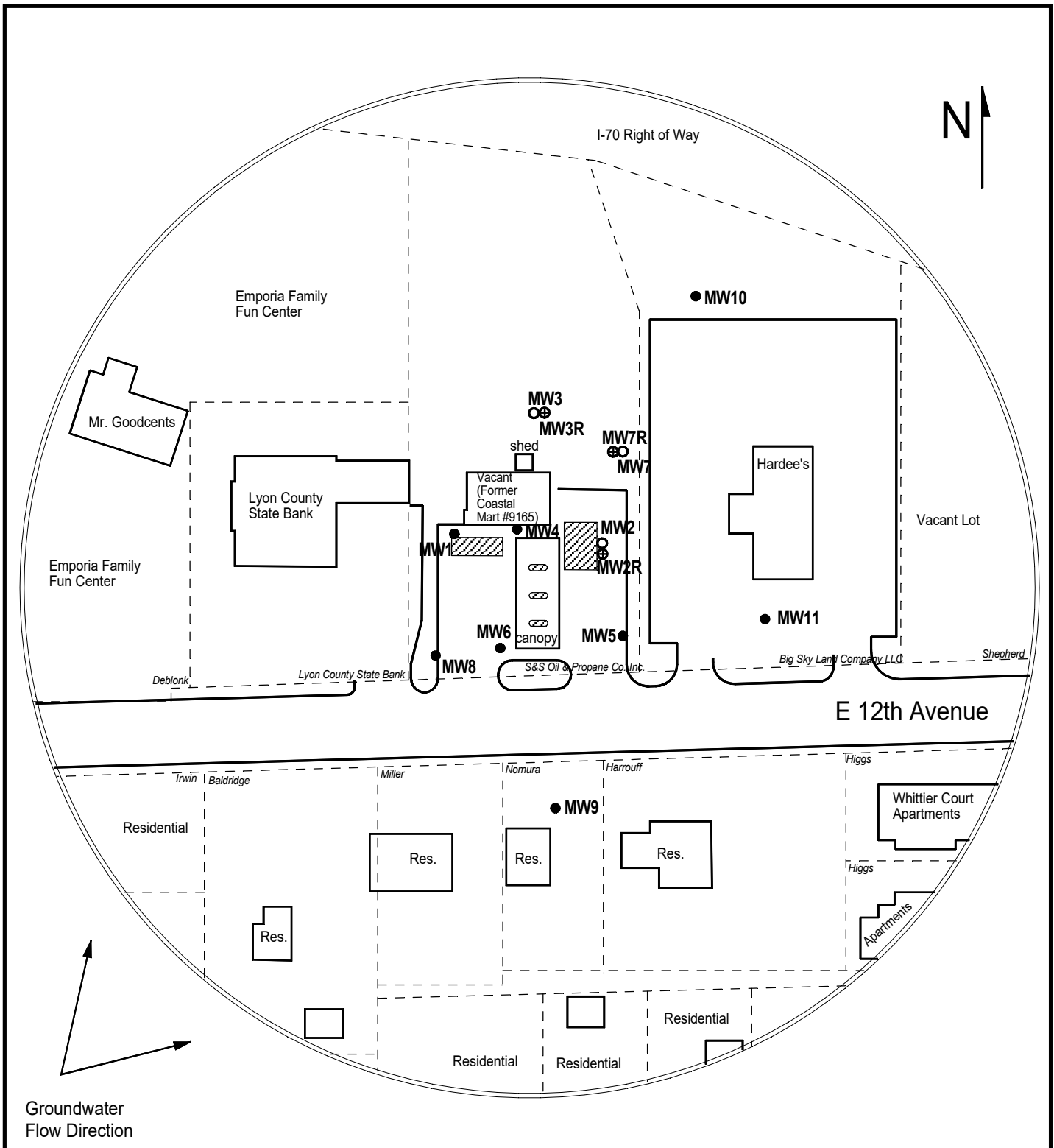







FIGURE 1 - 350 FT SITE BASE MAP

**LEGEND:**

-  Approximate Location of Former UST Basins and Pump Islands
-  Monitoring Well
-  Proposed Monitoring Well
-  Plugged Monitoring Well
-  Approximate Location of Property Line



**PROJECT:**  
 Coastal Mart #9165  
 Short Stop #14  
 1120 E. 12th  
 Emporia, KS  
 KDHE ID: U3-056-00392  
 KDHE ID: U3-056-14346  
 Date: 5/9/24



# DENNIS L HANDKE

1820 NW 59th Terrace  
TOPEKA, KANSAS 66618  
785-286-4047 Home  
785-217-5864 Cell

Jess Chapman  
Larsen & Assoc.  
1311 E. 25<sup>th</sup> Street  
Lawrene, Kansas, 66046

July 10, 2024

RE: Monitor Well Elevation Survey  
1120 E. 6<sup>th</sup> Street, Emporia, Kansas

Proj. 24-00Y  
Coastal Mart #9165  
Short Stop #14  
U3-056-00392  
U3-056-14346

Bnch Mark: Square cut on East center of Center concrete pump island South of the building.  
Elev: 1134.57      North 2692.39      West 3683.55      (from SE Cor. Sec. 11-19-11E)

MW-2R	rim	1133.16	North	2726.89	SW1/4,SW1/4,SE1/4,NW1/4
	top pipe	1132.65	West	3640.84	Lat= 38.41258 Long = 96.16521
MW-3R	rim	1134.26	North	2819.55	SW1/4,SW1/4,SE1/4,NW1/4
	top pipe	1133.60	West	3695.20	Lat= 38.41284 Long = 96.16540
MW-7R	rim	1134.47	North	2789.17	SW1/4,SW1/4,SE1/4,NW1/4
	top pipe	1134.09	West	3642.72	Lat= 38.41275 Long = 96.16522

Elevation derived from U3-056-00537. NAVD 88

Lat & Long derived from Emporia 7.5 Quad Map. WGS 84

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

