

**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? * *variance not required for monitoring or environmental remediation wells	Yes    No
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.

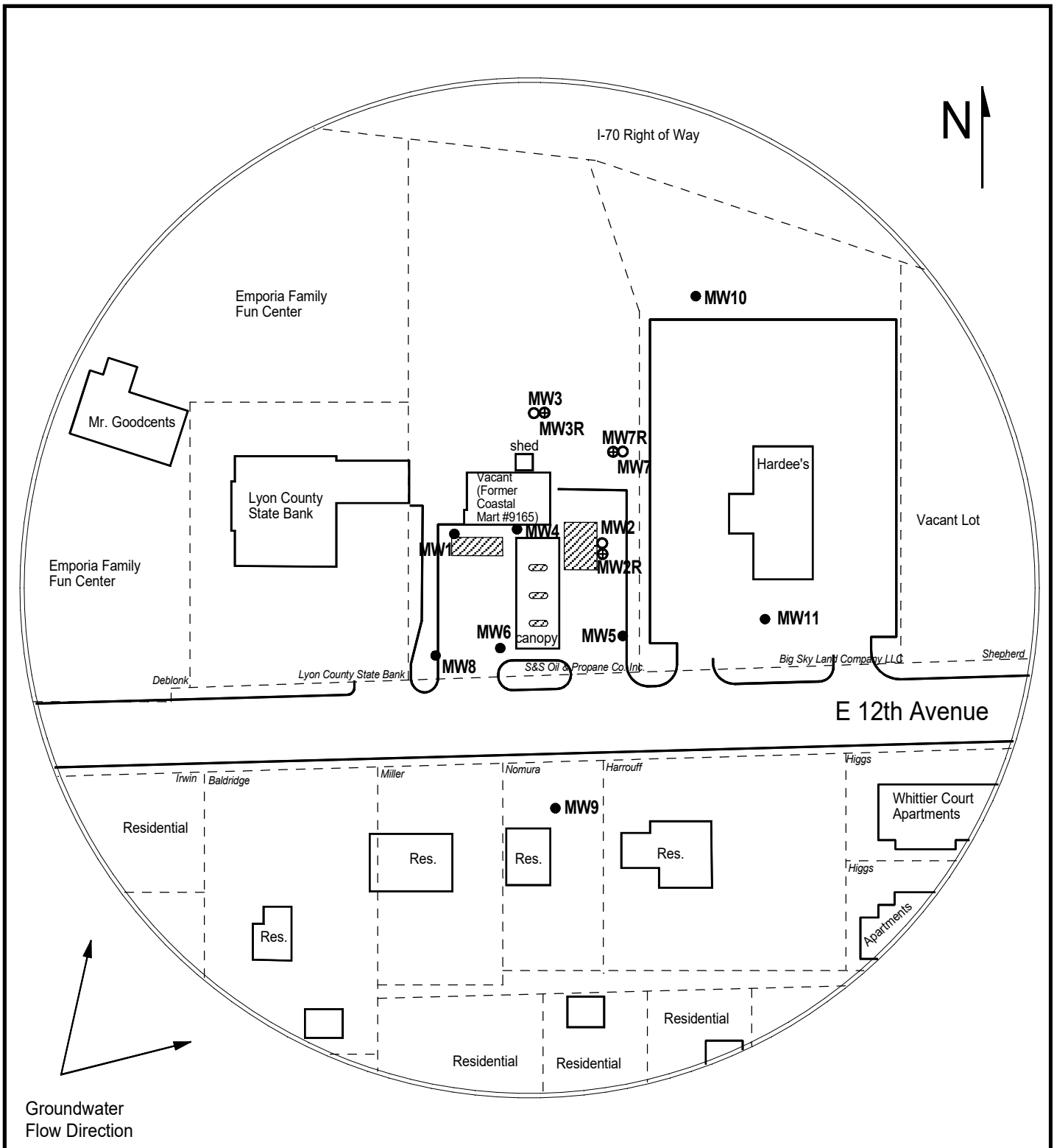







FIGURE 1 - 350 FT SITE BASE MAP

**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.

