

**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.

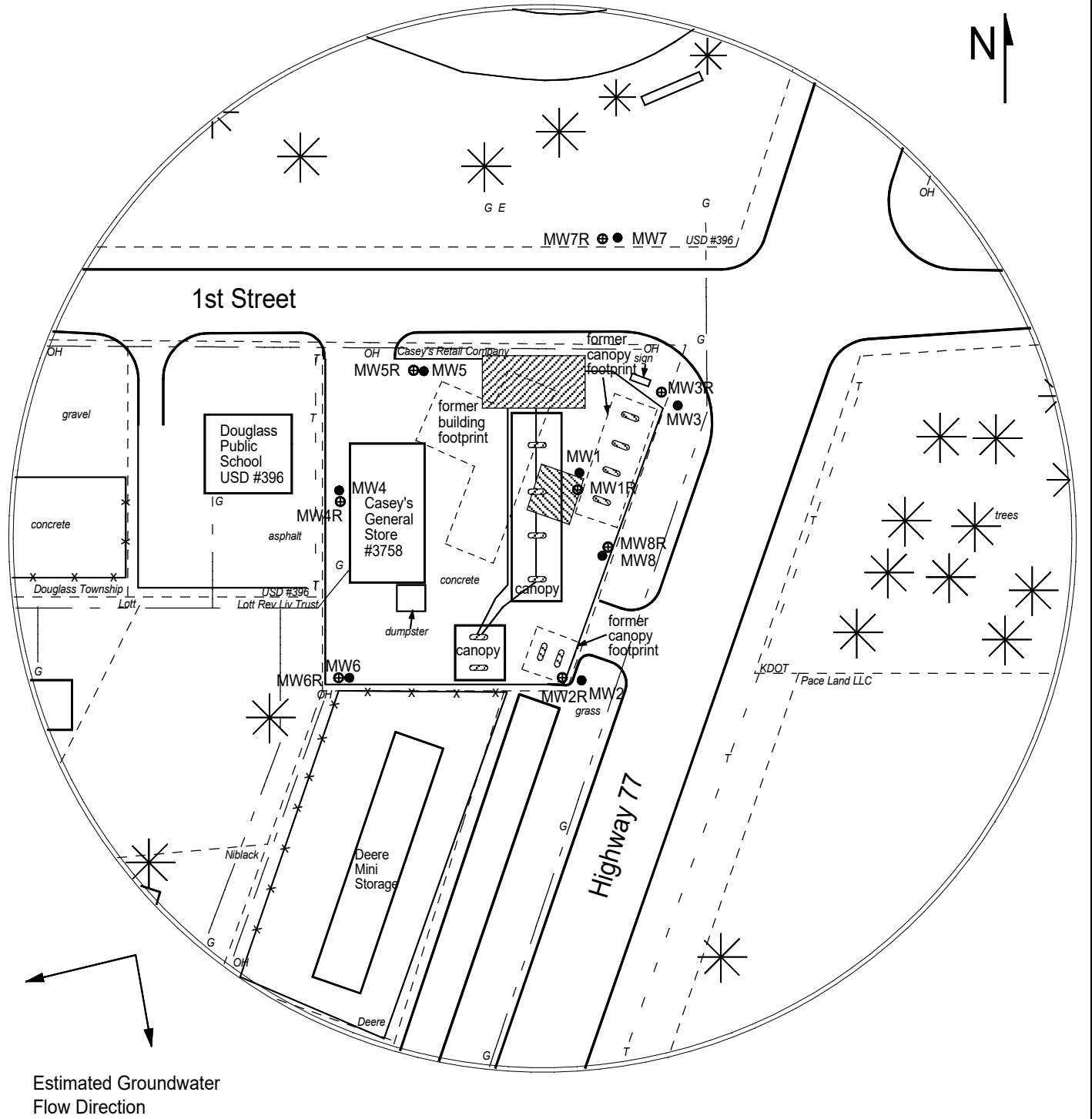


FIGURE 2.1 - 350 FT RADIUS AREA BASE MAP

**LEGEND:**

- Approximate Location of Active UST Basin, Product Lines & Pump Islands
- Approximate Location of Former UST Basin & Pump Islands
- Approximate Location of Property Line
- Existing Monitoring Well
- Proposed Monitoring Well
- Electric Meter
- Gas Lines (1.5 - 3 ft bgs)
- Overhead Lines (25'-40' high)
- Telephone Lines (2 - 6 ft bgs)

NOTE: Utility depths, heights and locations are approximate.



**PROJECT:**

Casey's General Store #3758  
 103 S Hwy. 77  
 Douglass, KS  
 KDHE ID: U2-008-15145  
 Date: 6/17/24



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

# 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

July 13, 2024

RE: Monitor Well Elevation Survey  
103 S. Hwy 77, Douglas, Kansas

Proj. 24-00Z  
Casey's General Store #3758  
U2-008-15145

Bench Mark: Chisled X on top of SW bolt of West leg of concrete sign base at the NE Corner of property.  
Elev: 1213.88      North 5307.41      West 4016.69      (from SE Cor. Sec. 21-29-4E)

MW-1R	rim	1213.07	North	5239.38	NE1/4,NE1/4,NW1/4,NW1/4
	top pipe	1212.76	West	4060.24	Lat= 37.51924 Long = 97.00423
MW-2R	rim	1213.11	North	5114.60	NE1/4,NE1/4,NW1/4,NW1/4
	top pipe	1212.87	West	4082.21	Lat= 37.51889 Long = 97.00430
MW-3R	rim	1212.94	North	5301.79	NE1/4,NE1/4,NW1/4,NW1/4
	top pipe	1212.61	West	4006.19	Lat= 37.51941 Long = 97.00404
MW-4R	rim	1213.10	North	5237.47	NE1/4,NE1/4,NW1/4,NW1/4
	top pipe	1212.83	West	4217.99	Lat= 37.51923 Long = 97.00477
MW-5R	rim	1212.94	North	5311.21	NE1/4,NE1/4,NW1/4,NW1/4
	top pipe	1212.63	West	4165.18	Lat= 37.51943 Long = 97.00459
MW-6R	rim	1211.01	North	5116.95	NE1/4,NE1/4,NW1/4,NW1/4
	top pipe	1210.63	West	4218.11	Lat= 37.51890 Long = 97.00476
MW-7R	rim	1211.56	North	5405.82	SE1/4,SE1/4,SW1/4,SW1/4 (Sec. 16-29-4E)
	top pipe	1211.29	West	4040.92	Lat= 37.51969 Long = 97.00417
MW-8R	rim	1212.46	North	5185.58	NE1/4,NE1/4,NW1/4,NW1/4
	top pipe	1212.04	West	4046.53	Lat= 37.51909 Long = 97.00418

Lat & Long derived from Douglas 7.5 quad map. WGS84.

Elevation established from existing project. NAVD 88

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

