

**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:	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**

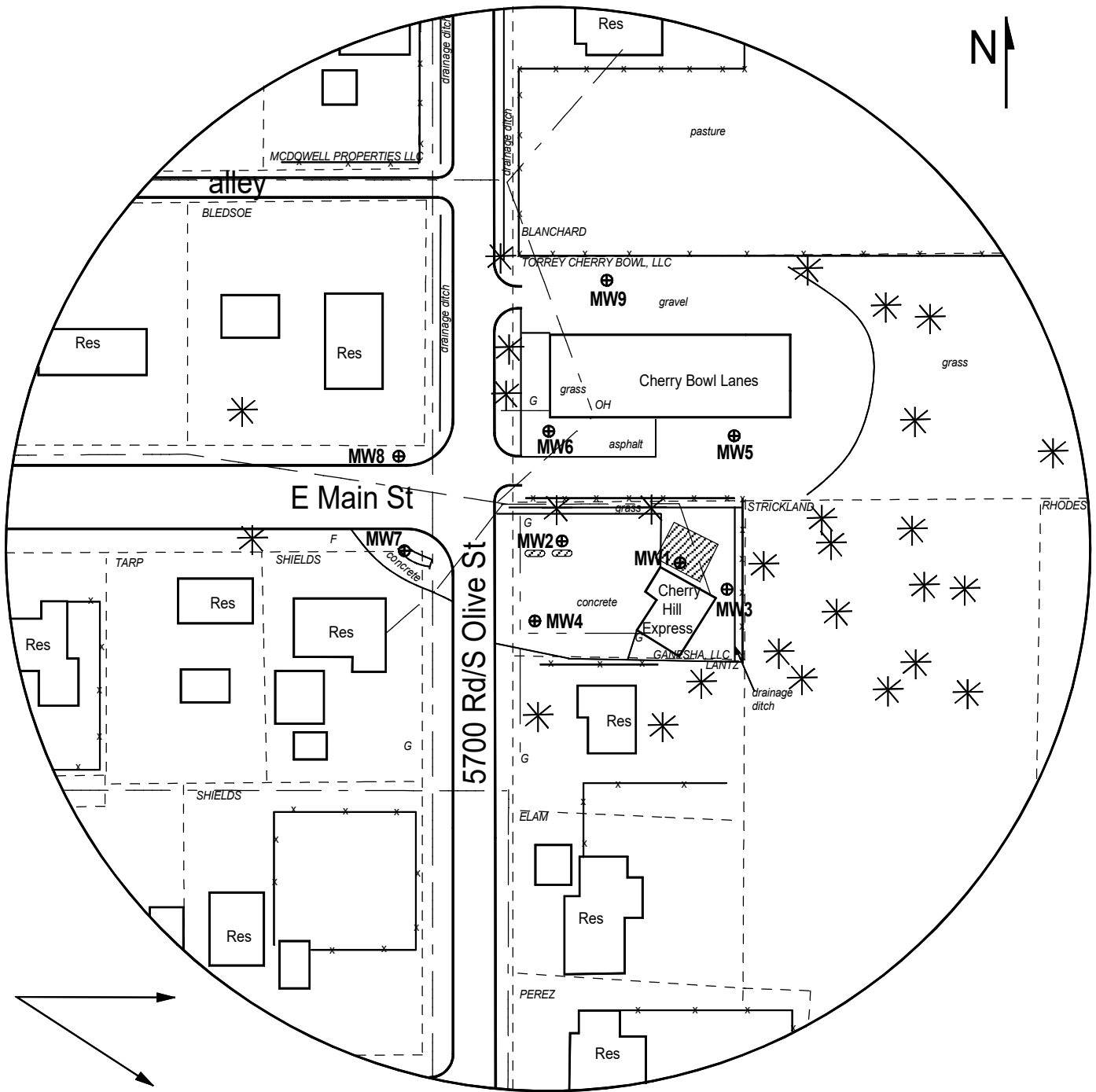
--

**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.

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.



Estimated Groundwater Flow Direction?

**FIGURE 3 - 350 FT RADIUS AREA BASE MAP**

**LEGEND:**

- Approximate Location of Former UST Basin and Pump Island
- Newly Installed Monitoring Well
- Proposed Soil Boring
- Overhead Lines
- Sanitary Sewer (2 - 6 ft BGS)



**PROJECT:**  
 Cherry Hill Express  
 109 S Olive St.  
 Cherryvale, KS  
 KDHE ID: U3-063-15496  
 Date: 4/3/24



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

NOTE: Utility depths and locations are approximate.

# 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

May 30, 2024

RE: Monitor Well Elevation Survey  
109 S. Olive St., Cherryvale, Kansas

Proj. 24-00U  
Cherry Hill Express  
U3-063-15496

Bench Mark: Square cut on SE corner of concrete Big Hill Lake sign base near the NW Corner of property.  
Elev: 862.57      North 892.15      West 5495.86      (from SE Cor. Sec. 10-32-17E)

MW-1	rim	862.34	North	861.30	NW1/4,SW1/4,SW1/4,SW1/4
	top pipe	861.74	West	5395.80	Lat= 37.26832 Long = 95.53657
MW-2	rim	862.32	North	873.38	NW1/4,SW1/4,SW1/4,SW1/4
	top pipe	862.02	West	5468.24	Lat= 37.26834 Long = 95.53682
MW-3	rim	862.21	North	835.75	NW1/4,SW1/4,SW1/4,SW1/4
	top pipe	861.69	West	5367.35	Lat= 37.26825 Long = 95.53647
MW-4	rim	863.05	North	818.30	NW1/4,SW1/4,SW1/4,SW1/4
	top pipe	862.66	West	5490.91	Lat= 37.26819 Long = 95.53690
MW-5	rim	861.96	North	937.31	SW1/4,NW1/4,SW1/4,SW1/4
	top pipe	861.33	West	5355.75	Lat= 37.26853 Long = 95.53644
MW-6	rim	861.44	North	941.28	SW1/4,NW1/4,SW1/4,SW1/4
	top pipe	861.03	West	5465.07	Lat= 37.26853 Long = 95.53682
MW-7	rim	862.61	North	872.33	NE1/4,SE1/4,SE1/4,SE1/4 (Sec. 9-32-17E)
	top pipe	862.15	West	5571.21	Lat= 37.26833 Long = 95.53718
MW-8	rim	861.65	North	929.99	NE1/4,SE1/4,SE1/4,SE1/4 (Sec. 9-32-17E)
	top pipe	861.37	West	5582.06	Lat= 37.26849 Long = 95.53722
MW-9	rim	859.58	North	1044.00	SW1/4,NW1/4,SW1/4,SW1/4
	top pipe	859.14	West	5426.32	Lat= 37.26882 Long = 95.53669

Lat & Long derived from Cherryvale 7.5' quad map. WGS84

Elevation established from project U3-063-14354, JP Food & Fuel. NAVD 88.

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

