KOLAR Document ID: 1789688

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Correction

Lease Name & Well #: ____

of boreholes: _____ # of dewatering wells: _

Original Record

WELL ID_____ Change in Well Use

LOCATION OF WATER WELL

| Latitude | Longitude | Section | Township | Range | E W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|----------|-------|--------|----------|-----|-----|-----|
| Datum | Elevation | County | | | | | | | |

WATER WELL OWNER

| Name | | | | | |
|-----------------------|--|--|--|--|--|
| Business | | | | | |
| Address | | | | | |
| Well location | | | | | |
| at owner's address | | | | | |
| | | | | | |

CONSTRUCTION

| Borehole interval: | Borehole diameter: |
|--|--------------------|
| fromtoft. | in. |
| fromtoft. | in. |
| Casing height above land su | |
| If casing height is less th has a variance been app | roved?* Yes No |
| *variance not required for or environmental reme | |
| Casing type: | |
| Blank casing interval: | ft. toft. |
| Blank casing diameter: | in. |
| Casing joints: | |
| Weight:lbs | s/ft. |
| Wall thickness or gauge | no.: |
| Blank casing interval: | ft. toft. |
| Blank casing diameter: | |
| Casing joints: | |
| Weight:lbs | s/ft. |
| Wall thickness or gauge | |
| Grout interval: ft. to | oft. |
| Grout material: | |
| Grout interval: ft. to | oft. |
| Grout material: | |
| | |
| Screen / perforation material | : |
| Screen / perforation opening | gs: |
| Screen / perforation intervals | S: |
| Fromft. to | _ft. |
| Slot size unit | |
| Fromft. to | _ft. |
| Slot size unit | |
| Gravel pack intervals: | |
| Gravel pack not used: | Gravel size in |
| From ft. to | |
| Gravel pack not used: | |
| From ft. to | |

| | County | | | | | | | |
|---|---------------|----------|-----------|----|-------|--|--|--|
| WELL WATER USE | | | | | | | | |
| | | | | | | | | |
| сом | PLETION | | | | | | | |
| Dept | th of compl | eted wel | l: | | ft. | | | |
| | th(s) groun | | | | | | | |
| (1) | ft.; | (2) | ft.; | | | | | |
| (3) _ | ft.; | (4) | dry well | | | | | |
| Stati | | | | | | | | |
| measured below land surface on (mm/dd/yy): | | | | | | | | |
| measured above land surface on (mm/dd/yy): | | | | | | | | |
| Estir | nated yield | : | _gpm | | | | | |
| Wate | er level was | · | ft. after | | hours | | | |
| | | 1 | pumping | | gpm | | | |
| Pum | p installed | Yes | No | | | | | |
| Wate | er well disir | fected? | Yes | No | | | | |

| NEAREST SOURCE OF | POTENTIAL CONTAMINATION |
|---------------------------------------|-------------------------|
| Source: | |
| Distance from well: | Direction from well: |
| Source description: | |
| Source: | |
| Distance from well: | Direction |
| Source description: | |
| No potential sour within 100 feet. | ce of contamination |
| PERMIT & ID NUMBE | RS (AS REQUIRED) |
| DWR Application No |).: |
| KDHE / EPA Project | Code: |
| Site Name: | |
| KDHE UIC Class V I | Form Completed: Yes No |
| County Permit: Ye | s No Permit ID: |

Aquifer, if known:

Date disinfected (mm/dd/yy):

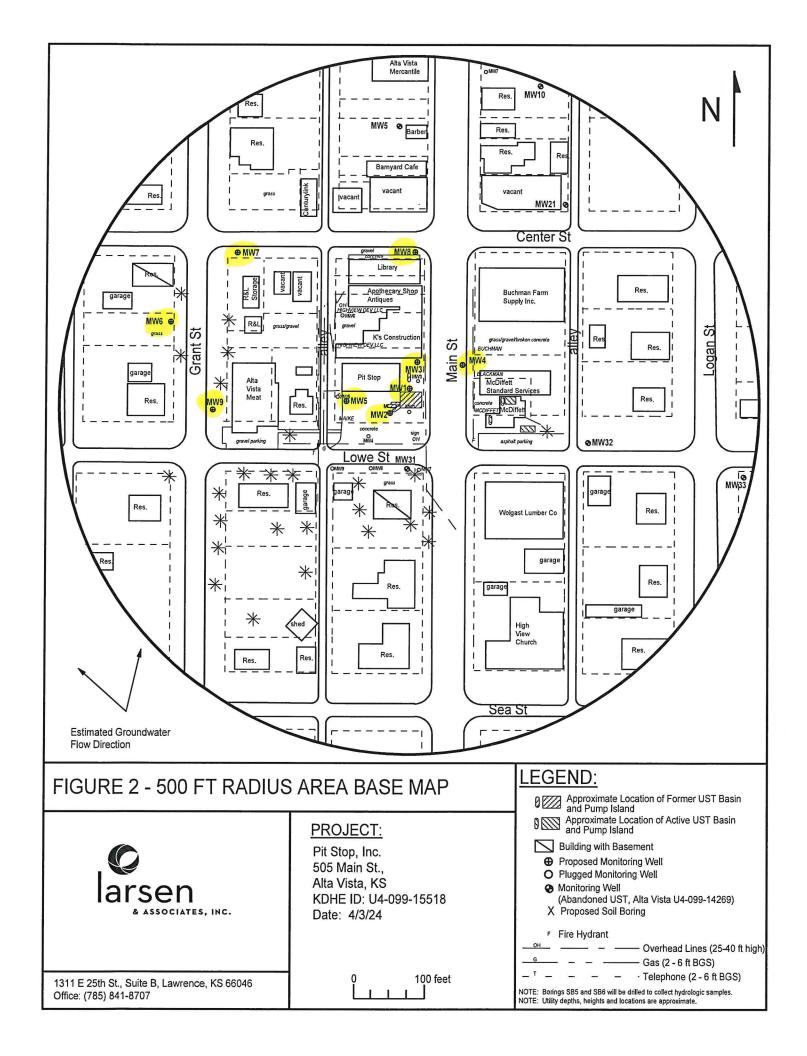
| FROM | то | LITHOLOGY INTERVALS | | | | | |
|------|----|---------------------|--|--|--|--|--|
| | | | | | | | |
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COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| This water well was constructed | reconstructed | pursuant to the stated water well |
|---------------------------------------|---------------------------------------|--|
| contractor's license and was complete | I certify that this record is true to | |
| the best of my knowledge and belief. | This water well reco | ord was completed on |
| under the business name of | | ······, |
| Kansas Water Well Contractor's Licer | nse No | _ under the authority of the designated |
| person as defined in K.A.R. 28-30-2(| j) and signed and c | ertified by the electronic signature of the |
| designated person at its submittal: | | · |
| Send one copy to WATER WELL OWNER | and retain one for you | r records. Fee of \$5.00 for each constructed well |
| KANSAS DEPAR | TMENT OF HEALTH | AND ENVIRONMENT |

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c



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

Jess Chapman Larsen & Associates 1311 E. 25th Street, Suite B Lawrence, Kansas, 66046

RE: Monitor Well Elevation Survey 505 Main St., Alta Vista, Kansas

June 29, 2024

Proj. 24-00W Pit Stop, Inc. U4-099-15518

Bench Mark: Chisled square on East center of concrete sign base near the Southeast corner of property.

| Elev: 1457.32 | | North 3061.48 West | | est 1987.28 | (from SW Cor. Sec. 2-14-8E) |
|---------------|----------|--------------------|-------|------------------|--------------------------------|
| MW-1 | rim | 1457.50 | North | 3112.04 | NE1/4,SW1/4,SW1/4,NE1/4 |
| | top pipe | 1457.16 | West | 1997.84 | Lat = 38.86357 Long = 96.48993 |
| MW-2 | rim | 1457.08 | North | 3079.34 | NE1/4,SW1/4,SW1/4,NE1/4 |
| | top pipe | 1456.79 | West | 2208.99 | Lat = 38.86349 Long = 96.49003 |
| MW-3 | rim | 1457.70 | North | 314 8.0 9 | NE1/4,SW1/4,SW1/4,NE1/4 |
| | top pipe | 1457.34 | West | 19 88. 47 | Lat = 38.86367 Long = 96.48989 |
| MW-4 | rim | 1457.64 | North | 3150.52 | NW1/4,SE1/4,SW1/4,NE1/4 |
| | top pipe | 1457.14 | West | 1922.64 | Lat = 38.86368 Long = 96.48966 |
| MW-5 | rim | 1457.40 | North | 3099.01 | NE1/4,SW1/4,SW1/4,NE1/4 |
| | top pipe | 1457.05 | West | 2086.53 | Lat = 38.86354 Long = 96.49024 |
| MW-6 | rim | 1453.46 | North | 3197.15 | NW1/4,SW1/4,SW1/4,NE1/4 |
| | top pipe | 1453.14 | West | 2337.58 | Lat = 38.86381 Long = 96.49112 |
| MW-7 | rim | 1452.27 | North | 3293.17 | NE1/4,SW1/4,SW1/4,NE1/4 |
| | top pipe | 1451.97 | West | 2251.11 | Lat = 38.86407 Long = 96.49081 |
| MW-8 | rim | 1455 .9 0 | North | 3302.94 | NE1/4,SW1/4,SW1/4,NE1/4 |
| | top pipe | 1455.51 | West | 2000.61 | Lat = 38.86410 Long = 96.48993 |
| MW-9 | rim | 1454.03 | North | 3085.73 | NE1/4,SW1/4,SW1/4,NE1/4 |
| | top pipe | 1453.59 | West | 2288.66 | Lat = 38.86350 Long = 96.49095 |

Lat & Long derived from Alta Vista 7.5' quad map. WGS84

Elevation established from NGS BM Q 215. NAVD 88

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

