

**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: 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**

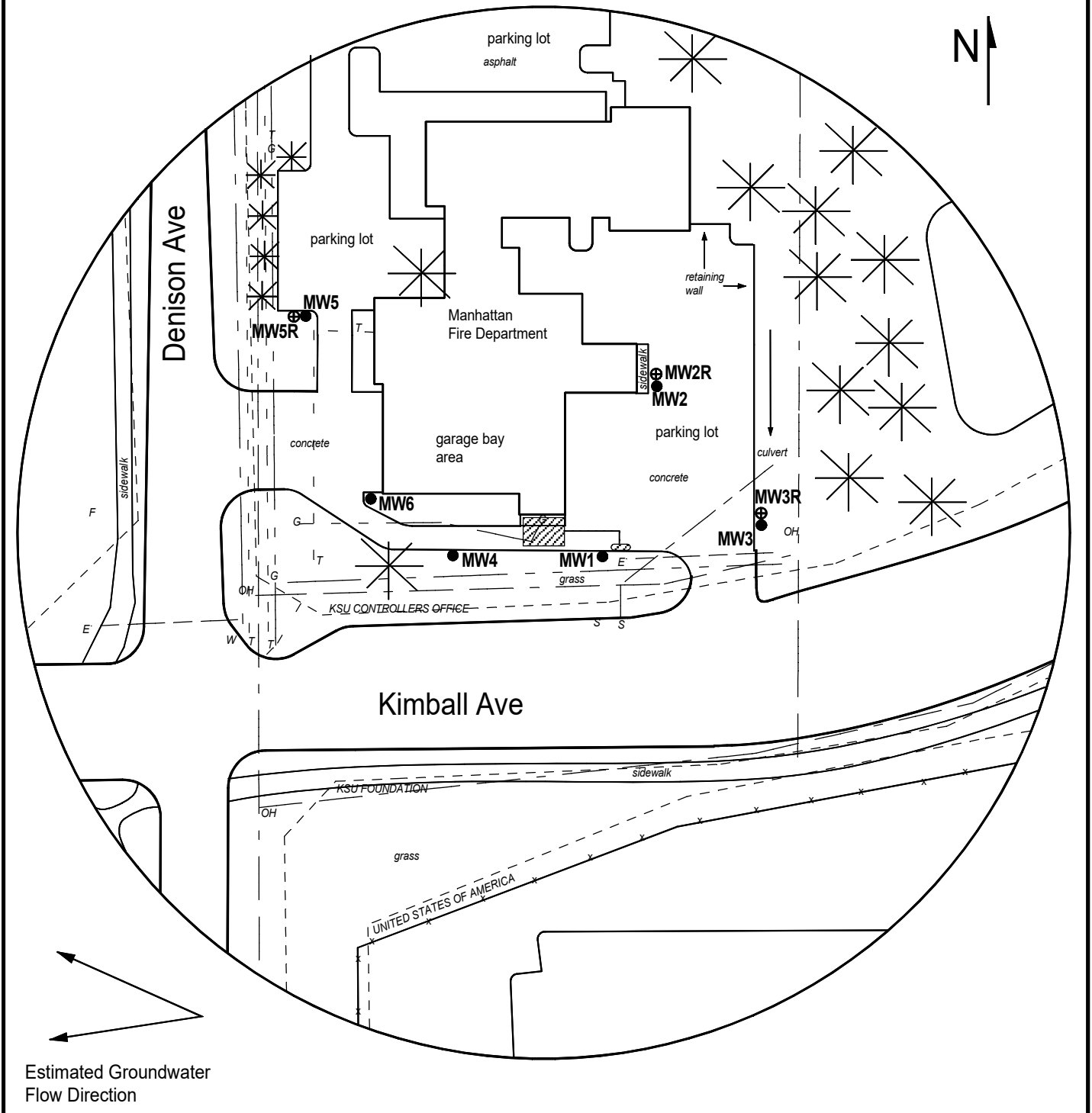
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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

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 3 - 350 FT RADIUS AREA BASE MAP**

**LEGEND:**

- Approximate Location of Former UST Basin, Product Lines, and Pump Island
- Existing Monitoring Well
- Proposed Monitoring Well
- Proposed Soil Boring
- Fire Hydrant
- Overhead Lines (25-40 ft high)
- Sewer (2 - 6 ft BGS)
- Sanitary Sewer (2 - 6 ft BGS)
- Gas (2 - 6 ft BGS)
- Telephone (2 - 6 ft BGS)
- Water (2 - 6 ft BGS)

NOTE: Utility depths, heights and locations are approximate.  
NOTE: Utility depths and locations are approximate.



**PROJECT:**

Manhattan Fire Department  
2000 Denison Ave.,  
Manhattan, KS  
KDHE ID: U5-081-15433  
Date: 8/29/23



1311 E 25th St., Suite B (785) 841-8707 office  
Lawrence, KS 66046 (785) 865-4282 fax

# 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

April 4, 2024

RE: Monitor Well Elevation Survey  
2000 Denison Ave., Manhattan, Kansas

Proj. 24-00P  
Manhattan Fire Department  
U5-081-15433

City of Manhattan Bench Mark: Aluminum cap on West side of concrete flag pole base West of the NW corner of building.

Elev: 1105.52      North 260.57      East 110.39      (from SW Cor. Sec. 6-10-8E)

MW-1	rim	1107.02	North	110.87	SW1/4,SW1/4,SW 1/4,SW1/4
	top pipe	1106.60	East	276.44	Lat= 39.20444 Long = 96.58453
MW-2	rim	1106.70	North	220.10	SW1/4,SW1/4,SW1/4,SW1/4
	top pipe	1106.34	East	309.96	Lat= 39.20474 Long = 96.58442
MW-3	rim	1110.00	North	124.78	SW1/4,SW1/4,SW1/4,SW1/4
	top pipe	1109.71	East	373.91	Lat= 39.20449 Long = 96.58419
MW-4	rim	1105.79	North	111.11	SW1/4,SW1/4,SW1/4,SW1/4
	top pipe	1105.43	East	189.50	Lat= 39.20444 Long = 96.58484
MW-5	rim	1105.05	North	269.21	SW1/4,SW1/4,SW1/4,SW1/4
	top pipe	1104.71	East	74.39	Lat= 39.20487 Long = 96.58525
MW-6	rim	1105.91	North	149.12	SW1/4,SW1/4,SW1/4,SW1/4
	top pipe	1105.57	East	119.55	Lat= 39.20454 Long = 96.58509

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

Elevation established from City of Manhattan BM #16. NAVD 88

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

