

**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**

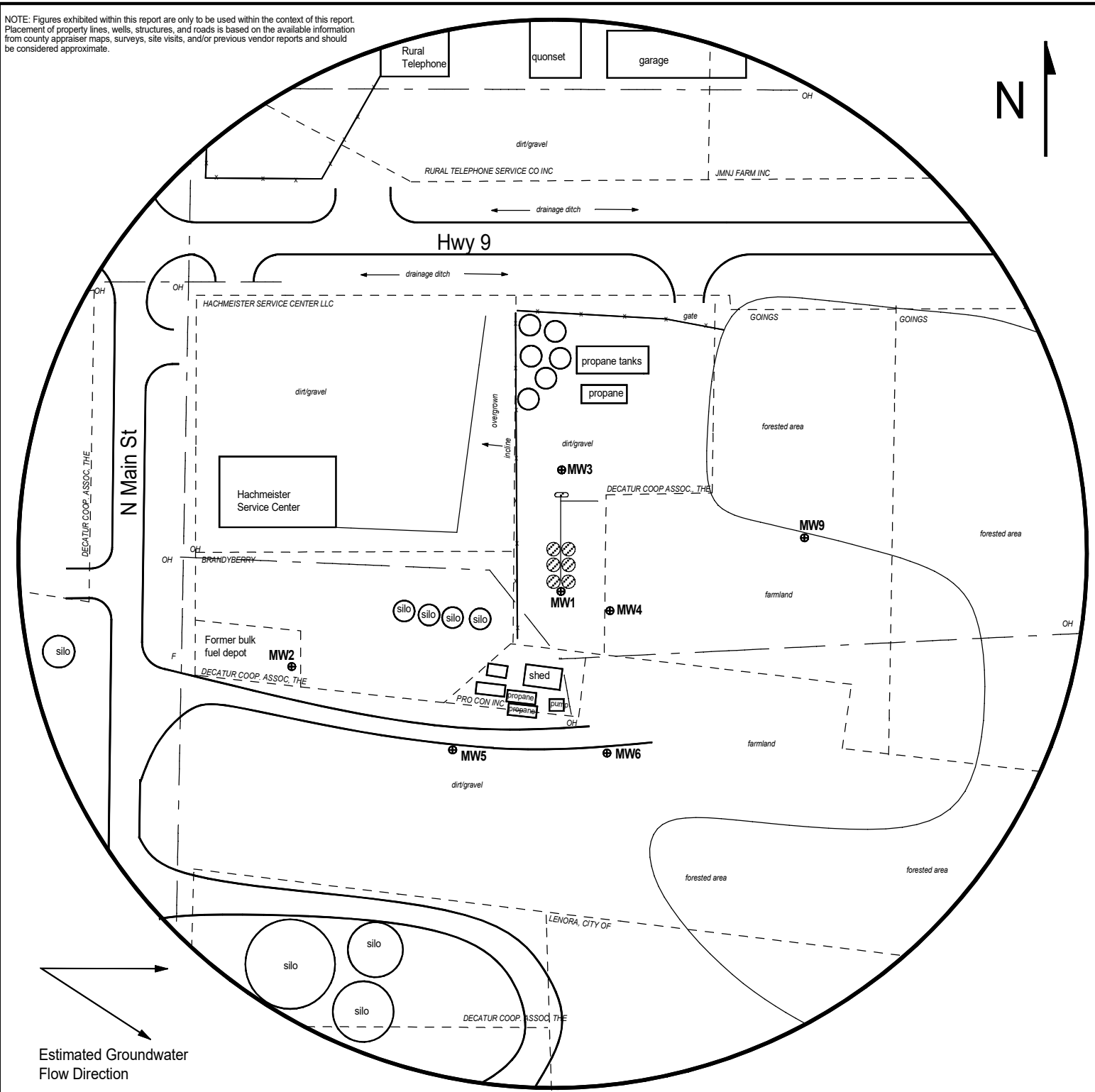
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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

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: \_\_\_\_\_.

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 - 500 FT RADIUS AREA BASE MAP**

**LEGEND:**

- Approximate Location of Former AST Product Lines, and Pump Island
- Proposed Monitoring Well
- Proposed Soil Boring
- Overhead Lines (25-40 ft high)



**PROJECT:**

Decatur Coop Association  
 9914 State Hwy 9  
 Lenora KS  
 KDHE ID: A6-069-40530  
 Date: 5/2/24

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



NOTE: Utility depths and locations are approximate.  
 NOTE: SB5 & SB6 will be drilled to collect hydrologic samples.

# DENNIS L HANDKE

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

Jess Chapman  
Larsen & Assoc.  
1311 E. 25<sup>th</sup> St., Suite B  
Topeka, Kansas 66046

July 24, 2024

RE: Monitor Well Elevation Survey  
9914 State Hwy 9, Lenora, Kansas

Proj. 24-00BB  
Decatur Coop Association  
KDHE ID A6-069-40530

Bench Mark: Railroad spike in South face of power pole on the North side of the driveway to property and the East side of Main Street of Lenora .

Elev.: 2272.00      North 2217.18      West 5193.58      (from NE Cor. Sec. 14-5-24W)

MW-1	rim	2267.18	North 2282.34	SE1/4,NW1/4,NW1/4,SW1/4
	top pipe	2266.63	West 4834.31	Lat = 39.61671   Long = 100.00076
MW-2	rim	2268.73	North 2223.08	SW1/4,NW1/4,NW1/4,SW1/4
	top pipe	2268.38	West 5110.48	Lat = 39.61655   Long = 100.00174
MW-3	rim	2268.42	North 2392.19	NE1/4,NW1/4,NW1/4,SW1/4
	top pipe	2268.02	West 4821.83	Lat = 39.61701   Long = 100.00071
MW-4	rim	2267.12	North 2287.99	SE1/4,NW1/4,NW1/4,SW1/4
	top pipe	2266.53	West 4784.55	Lat = 39.61672   Long = 100.00058
MW-5	rim	2267.40	North 2144.75	SW1/4,NW1/4,NW1/4,SW1/4
	top pipe	2267.00	West 4941.64	Lat = 39.61633   Long = 100.00114
MW-6	rim	2267.29	North 2146.77	SE1/4,NW1/4,NW1/4,SW1/4
	top pipe	2266.73	West 4784.35	Lat = 39.61634   Long = 100.00058
MW-9	rim	2267.65	North 2342.87	NE1/4,NW1/4,NW1/4,SW1/4
	top pipe	2267.28	West 4649.69	Lat = 39.61687   Long = 100.00010

Lat & Long derived from Lenora East 7.5' quad map. WGS84.

Elevation derived from KDOT BM on the bridge over the North Fork of Solomon River on Main Street of Lenora. NAVD 88.

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

