

**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.

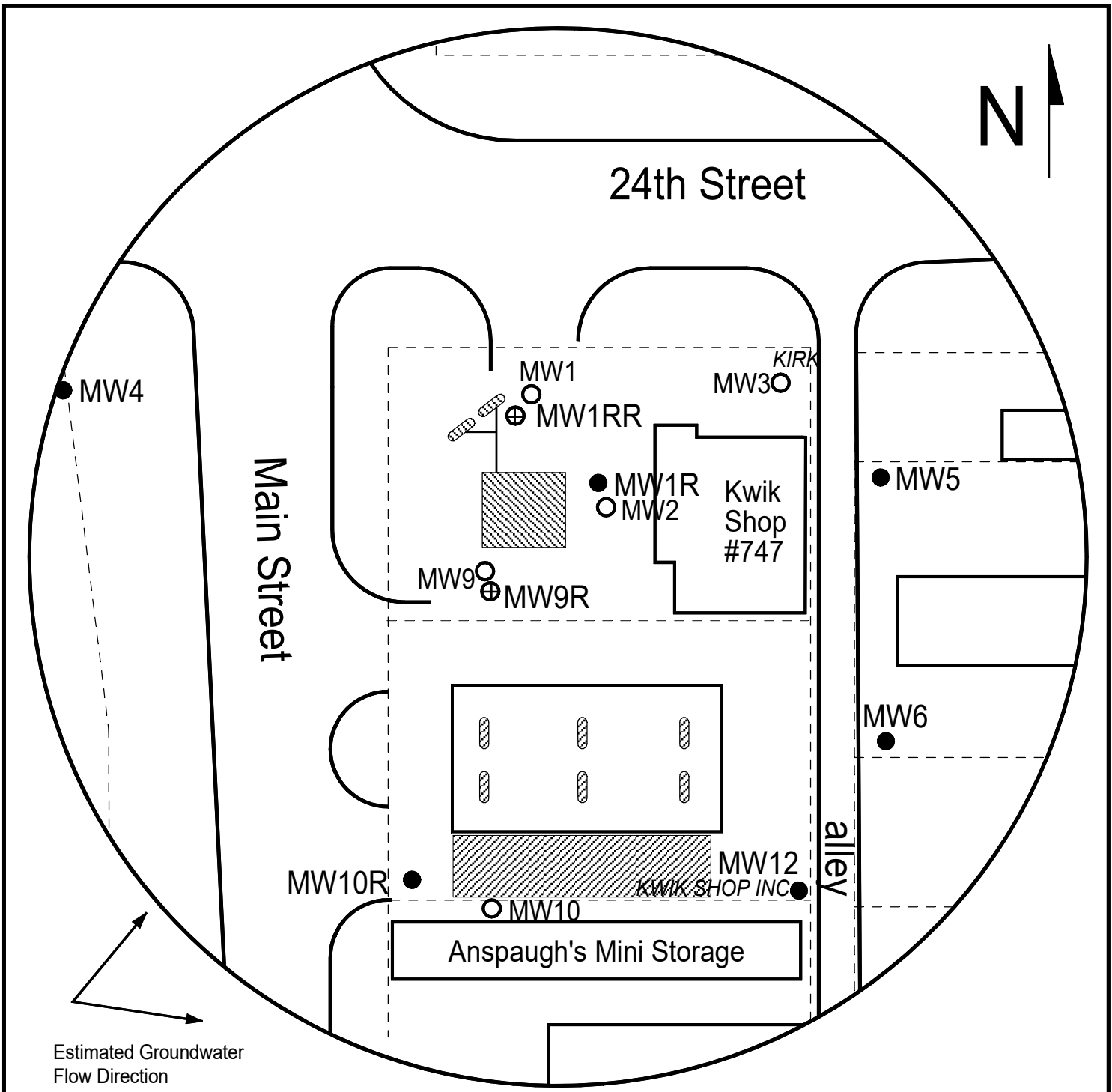


FIGURE 2 - DETAILED SITE BASE MAP

**LEGEND**

- Approximate Location of Active UST Basin & Pump Island
  - Approximate Location of Former UST Basin, Product Lines, & Pump Island
  - Existing Monitoring Well
  - Proposed Monitoring Well
  - Plugged Monitoring Well
  - Proposed Soil Boring
  - - - - - Property Lines
  - F Fire Hydrant
  - E - - - - - Electric Lines (2-6 ft bgs)
  - G - - - - - Gas Lines (2-6 ft bgs)
  - S - - - - - Sewer Lines (2-6 ft bgs)
  - OH - - - - - Overhead Lines
  - W - - - - - Water Lines (2-6 ft bgs)
- NOTE: Utility depths and locations are approximate.  
NOTE: SB9 & SB10 will be used to collect hydrologic samples.



**PROJECT:**

Kwik Shop #747  
2334 N. Main  
Great Bend, KS  
KDHE ID: U6-005-13702  
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

Jessica Chapman  
Larsen & Associates  
1607 SW 41<sup>st</sup> Street  
Lawrence, Kansas, 66609

August 3, 2024

RE: Monitor Well Elevation Survey  
2334 N. Main, Great Bend, Kansas

Proj. 24-00HH  
Kwik Shop #747  
U6-005-13702

Bnch Mark: "O" on top of fire hydrant near the Northwest corner of property.

Elev: 1848.07      North 5241.63      West 2676.67      (from SE Cor. Sec. 28-19-13W)

MW-1RR	rim	1846.63	North	5205 78	NW1/4,NW1/4,NW1/4,NE1/4
	top pipe	1846.22	West	2639.82	Lat= 38.37615 Long = 98.76496
MW-9R	rim	1845.88	North	5140 77	NW1/4,NW1/4,NW1/4,NE1/4
	top pipe	1845.62	West	2648.63	Lat= 38.37597 Long = 98.76499

Elevation derived from existing project.

Lat & Long derived from Great Bend 7.5' Quad Map. WGS84

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

