

**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**

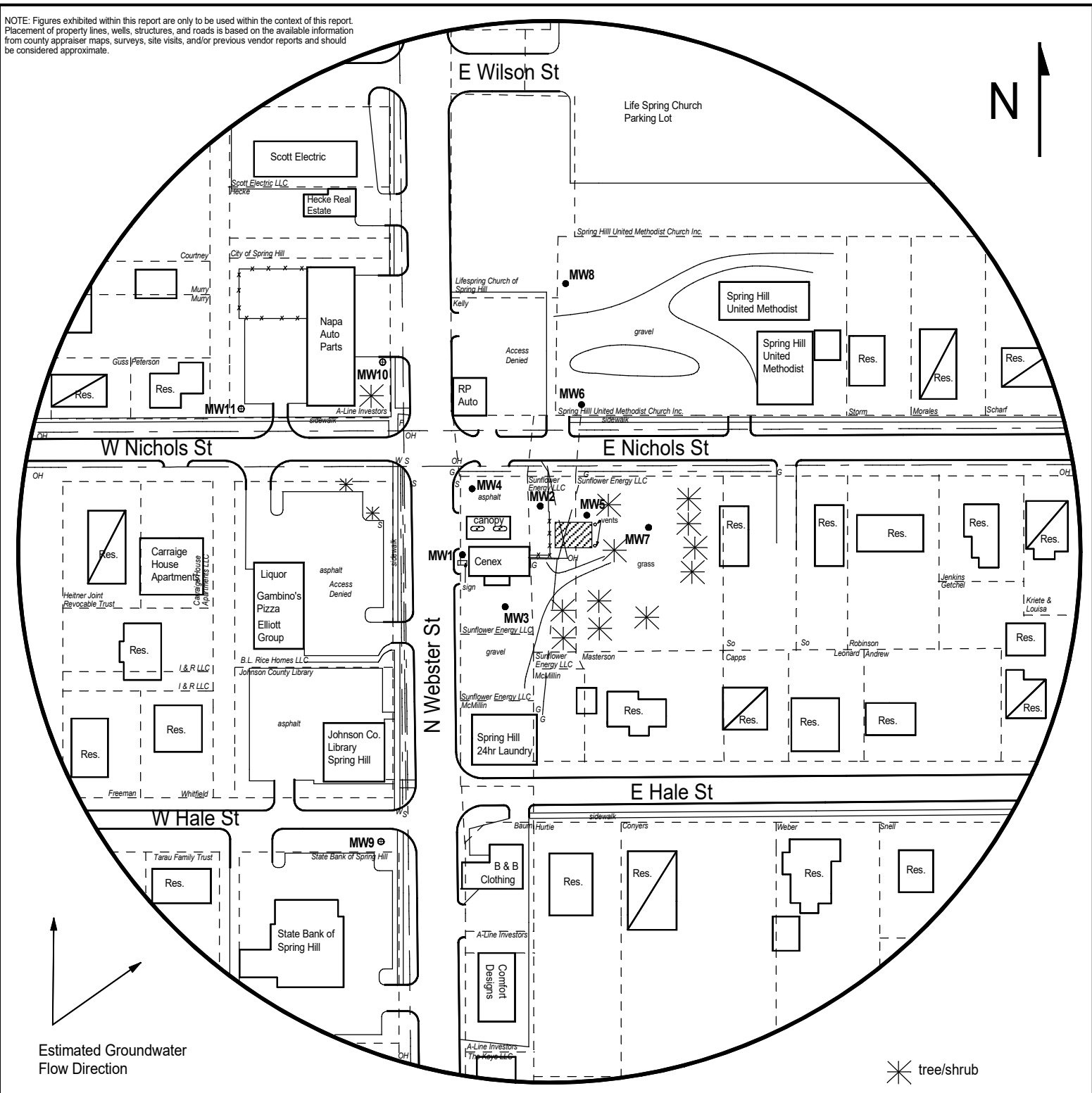
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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

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.

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 2.1 - 500 FT RADIUS AREA BASE MAP**

**LEGEND:**

- Approximate Location of Active UST Basin and Pump Island
- Building with Basement
- New Monitoring Well (Installed 2/13-14/23)
- Soil Boring (Drilled 2/15/23)
- Overhead Lines (25-40 ft high)
- Sanitary Sewer (2 - 6 ft BGS)
- Water Lines (2 - 6 ft BGS)
- Gas Lines (2 - 6 ft BGS)

**PROJECT:**  
 C & H Quick Stop  
 102 S. Webster St.  
 Spring Hill, KS  
 KDHE ID: U4-046-15421  
 Date: 3/8/23



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

NOTE: Borings SB5 and SB6 were drilled to collect hydrologic samples.  
 NOTE: Utility depths, heights and locations are approximate.  
 NOTE: Location of product lines is unknown.

# 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  
Lawrence, Kansas 66046

September 2, 2024

RE: Monitor Well Elevation Survey  
102 S. Webster, Spring Hill, Kansas

Proj. 24-00MM  
C&H Quick Shop  
KDHE ID U4-046-15421

Bench Mark: Chisled Square on East end of concrete pump island North of building.  
Elev: 1061.66      North 1859.75      West 2702.74      (from SE Cor. Sec. 14-15-23E)

MW-9	rim	1070.54	North	1559.21	SE1/4,SE1/4,NE1/4,SW1/4
	top pipe	1070.25	West	2836.16	Lat = 38.74271    Long = 94.82573
MW-10	rim	1058.95	North	2023.00	NE1/4,SE1/4,NE1/4,SW1/4
	top pipe	1058.50	West	2824.87	Lat = 38.74398    Long = 94.82569
MW-11	rim	1063.33	North	1973.49	NE1/4,SE1/4,NE1/4,SW1/4
	top pipe	1062.97	West	2962.95	Lat = 38.74385    Long = 94.82617

Elevation derived from existing project. NAVD 88.

Lat & Long derived from Spring Hill 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.

