

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.

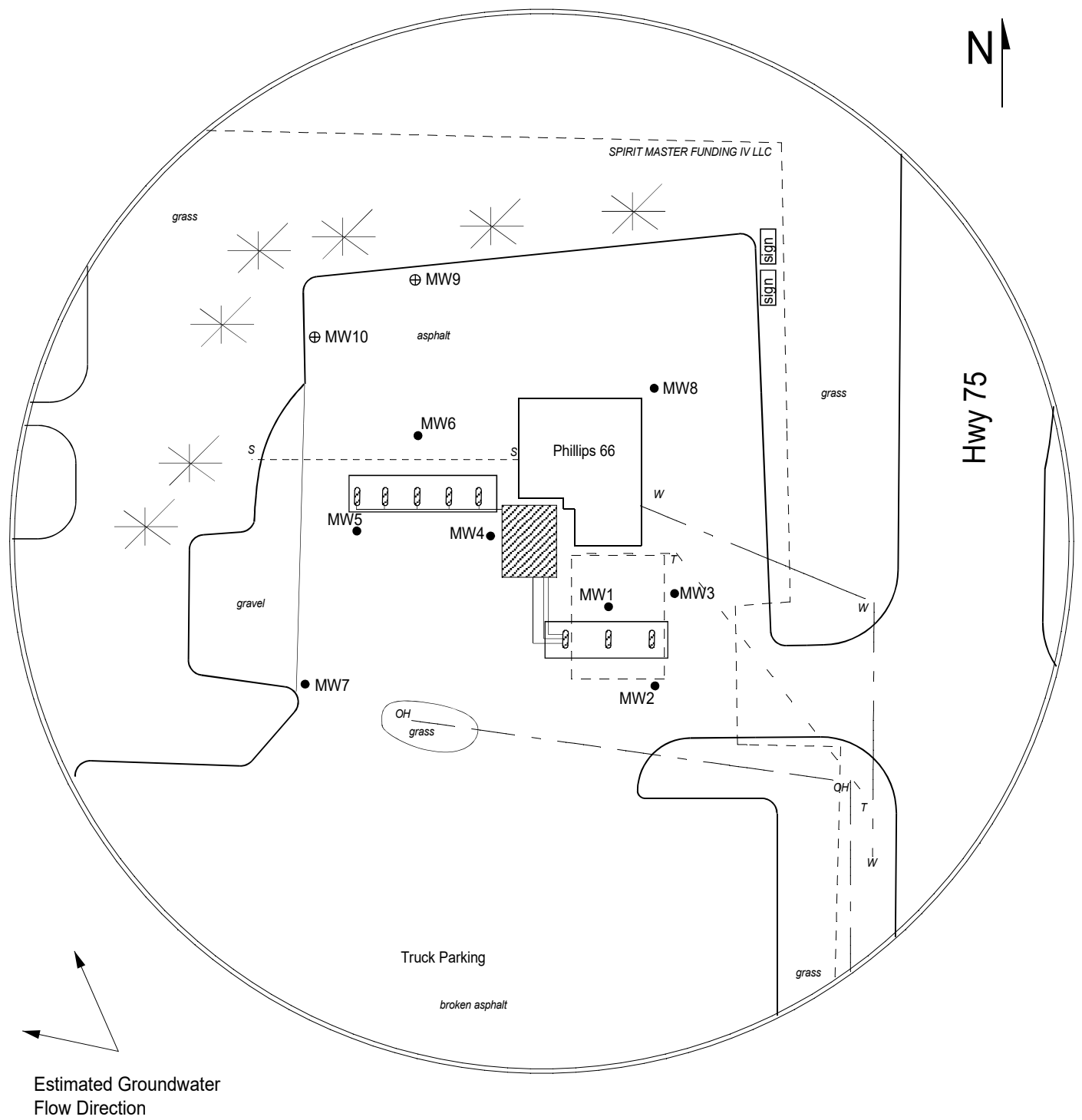


FIGURE 2.1 - 350 FT RADIUS AREA BASE MAP



PROJECT:
 Total Truck Stop
 2754 U.S Hwy 75,
 Lebo, KS
 KDHE ID: U3-016-12135
 Date: 3/6/24

- LEGEND:**
- Approximate Location of Active UST Basin, Product Lines & Pump Islands
 - Approximate Area of Old Release
 - Approximate Location of Property Line
 - Existing Monitoring Well
 - Proposed Monitoring Well
 - Sewer Lines (2 - 6 ft bgs)
 - Overhead Lines (25'-40' high)
 - Telephone (2 - 6 ft bgs)
 - Water Lines (1.5 - 3 ft bgs)

1311 E 25th St. Suite B 785-841-8707 office
 Lawrence, KS 66046



NOTE: Utility depths, heights and locations are approximate.

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

November 4, 2024

RE: Monitor Well Elevation Survey
2754 U.S. Hwy 75, Lebo, Kansas

Proj. 24-00TT
Total Truck Stop
U3-016-12135

Bench Mark: Square cut on South end of center pump island on south side of the building at the job site.

Elev: 1121.34 North 2693.00 West 166.43 (from SE Cor. Sec. 3-19-15E)

MW-9	rim	1119.73	North	2937.69	SW1/4,SE1/4,SE1/4,NE1/4
	top pipe	1119.22	West	292.28	Lat= 38.42763 Long = 95.72989
MW-10	rim	1119.20	North	2901.82	SW1/4,SE1/4,SE1/4,NE1/4
	top pipe	1118.98	West	359.12	Lat= 38.42753 Long = 95.73012

Lat & Long derived from Waverly NW 7.5 quad map. WGS84.

Elevation established from existing project. NAVD 88

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

